

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001383

**Entity Name:** CIO COUNCIL OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4613 N UNIVERSITY DRIVE  
#267  
CORAL SPRINGS, FL 33067

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**5164467692CC**

**Current Mailing Address:**

4613 N UNIVERSITY DRIVE  
#267  
CORAL SPRINGS, FL 33067 US

**FEI Number: 22-3975771**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name DEO, SANJAY  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title PRESIDENT TO VP, DIRECTOR  
Name GRAU, CHARLES  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title TREASURER  
Name POLANIA, ANGELA  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title SECRETARY  
Name LONDONO, HERNAN  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title PRESIDENT  
Name CASCIOTTA, TONY  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP, DIRECTOR  
Name TAFFET, GREG  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP, DIRECTOR  
Name ZIRILLI, STEVE  
Address 4613 N UNIVERSITY DRIVE  
#267  
City-State-Zip: CORAL SPRINGS FL 33067

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANGELA POLANIA**

**TREASURER**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date