

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009551

FILED
Mar 09, 2016
Secretary of State
CC6843430351

Entity Name: ABC INSTITUTE, INC.

Current Principal Place of Business:

3730 COCONUT CREEK PARKWAY, SUITE 180
COCONUT CREEK, FL 33066

Current Mailing Address:

3730 COCONUT CREEK PARKWAY, SUITE 180
COCONUT CREEK, FL 33066 US

FEI Number: 30-0649671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DYGA, PETER M
3730 COCONUT CREEK PARKWAY, SUITE 200
COCONUT CREEK, FL 33066 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 P
Name DYGA, PETER M
Address 3730 COCONUT CREEK PARKWAY,
SUITE 200
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR
Name LANGER, LYNNE
Address 6500 N.W. 21ST AVE., SUITE 1
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name ARMENTEROS, JORGE
Address 2600 EISENHOWER BLVD.
City-State-Zip: PORT EVERGLADES FL 33316

Title SECRETARY/TREASURER
Name LINAREZ-CASTILLO, MOUJI
Address 1641 WORTHINGTON RD.
SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title C
Name LONDON, PHIL
Address 2201 COLLEGE AVE.
City-State-Zip: DAVIE FL 33317

Title CHAIRMAN ELECT
Name LEMONS, DENNIS
Address 10550 COMMERCE PKWY.
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name KATULKA, PATRICK
Address 3949 S.W. 12TH CT.
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR
Name WEISS, BRAD
Address 5561 N. UNIVERSITY DR.
SUITE 102
City-State-Zip: CORAL SPRINGS FL 33067

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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: CARY HORENSTEIN

VP FINANCE

03/09/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROURKE, DANIEL
Address 1329 SHOTGUN RD.
City-State-Zip: WESTON FL 33326

Title VP FINANCE
Name HORENSTEIN, CARY
Address 3730 COCONUT CREEK PARKWAY,
 SUITE 180
City-State-Zip: COCONUT CREEK FL 33066