

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003169

**Entity Name:** SCENTSABILITY MICRO-ENTERPRISE, INC.**Current Principal Place of Business:**3501 INVERRARY BLVD  
FORT LAUDERDALE, FL 33319**Current Mailing Address:**1440 CORAL RIDGE DR.  
#145  
CORAL SPRINGS, FL 33071 US**FEI Number:** 45-4940297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMIDT, BONNIE  
503 NORTHWEST 118TH WAY  
CORAL SPRINGS, FL 33071 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            TREASURER, PROGRAM DIRECTOR  
Name           SCHMIDT, BONNIE  
Address        503 NORTHWEST 118TH WAY  
City-State-Zip: CORAL SPRINGS FL 33071

Title            EXECUTIVE DIRECTOR, VP  
Name           ANDERSON, DENISE  
Address        11480 SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title            SECRETARY  
Name           ALZATE, NAOMI  
Address        11480 SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title            DIRECTOR  
Name           CASTRO, SOFIA  
Address        1650 SE 17TH STREET  
                 SUITE 104  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            DIRECTOR - SPECIAL PROJECTS  
Name           SIDLE, LEXI  
Address        440 PARADISE ISLE BOULEVARD  
                 UNIT 310  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            PRESIDENT  
Name           PERCIVAL, JENNIFER DR.  
Address        DEPARTMENT OF SPECIAL  
                 EDUCATION  
                 FLORIDA ATLANTIC UNIVERSITY,  
                 DEPT OF SPECIAL EDUCATION 777  
                 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33431

Title            BOARD MEMBER  
Name           PALERMO, ARTHUR JR.  
Address        9720 STIRLING RD  
                 SUITE 203  
City-State-Zip: PEMBROKE PINES FL 33024

*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: BONNIE SCHMIDT****TREASURER****03/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date