

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002126

**Entity Name:** FUNDACION RITA STANEK, INC.**Current Principal Place of Business:**8381 TOBAGO LANE  
WELLINGTON, FL 33414**Current Mailing Address:**8381 TOBAGO LANE  
WELLINGTON, FL 33414**FEI Number:** 46-3532009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAILE, SHAW & PFAFFENBERGER PA  
660 US HWY ONE  
THIRD FL  
N PALM BEACH, FL 33408 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:** PHILIP M. DICOMO**03/25/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | DIAZ, ANTONIA       |
| Address         | 2385 SUNDERLAND AVE |
| City-State-Zip: | WELLINGTON FL 33414 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | CASTRO, NORA        |
| Address         | 8381 TOBAGO LANE    |
| City-State-Zip: | WELLINGTON FL 33414 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | ULIBARRI, YOLANDA   |
| Address         | 1884 LYNTON CIRCLE  |
| City-State-Zip: | WELLINGTON FL 33414 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | GUTIERREZ, MARIO     |
| Address         | 16357 HARLENA DR     |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | DIAZ, NURIS         |
| Address         | 13676 GEORGIAN CT   |
| City-State-Zip: | WELLINGTON FL 33414 |

*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:** NORA CASTRO**DIRECTOR****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date