

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002681

Entity Name: AMERICAN DISABILITIES FOUNDATION, INC.**Current Principal Place of Business:**1117 S.W. 13TH PLACE
BOCA RATON, FL 33486**Current Mailing Address:**1117 S.W. 13TH PLACE
BOCA RATON, FL 33486**FEI Number:** 46-4699013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN VECHTEN, JAY
1117 S.W. 13TH PLACE
BOCA RATON, FL 33486 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:** JAY VAN VECHTEN

06/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name VAN VECHTEN, JAY
Address 1117 S.W. 13TH PLACE
City-State-Zip: BOCA RATON FL 33486

Title SECRETARY, TREASURER
Name VAN VECHTEN, LOWELL
Address 1117 S.W. 13TH PLACE
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name WALSH, LORI
Address 824 ROYAL PALM WAY
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name FOGEL, LEWIS
Address 22701 CAMINO DEL MAR
65
City-State-Zip: BOCA RATON FL 33433

Title VP
Name HANSEN, MARK
Address 6226 NW 84 TERR
City-State-Zip: PARKLAND FL 33067

Title DIRECTOR
Name HOFFMAN, JOSHUA
Address 1298 SW 8TH STREET
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name LUCA, JOHN
Address 6270 NW 41ST TERRACE
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR
Name SCAFFIDI, ROXANA
Address 900 N FEDERAL HIGHWAY
SUITE 240
City-State-Zip: BOCA RATON FL 33432

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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: JAY VAN VECHTEN

DP

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LE JEUNE, ELISSA
Address 8122 GLADES ROAD
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name VOGEL, NADINE
Address 4740 S OCEAN BOULEVARD
SUITE 505
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name NOE, CHRISTOPHER
Address 500 EGRET CIRCLE
SUITE 8411
City-State-Zip: BOCA RATON FL 33444