

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011107

Entity Name: STROKE RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

5621 STRAND BLVD SUITE 211E
NAPLES, FL 34110

Current Mailing Address:

5621 STRAND BLVD SUITE 211E
NAPLES, FL 34110 US

FEI Number: 47-2783922

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MANDELL, ROBERT
5621 STRAND BLVD SUITE 211E
NAPLES, FL 34110 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 DM
Name MANDELL, ROBERT
Address 5621 STRAND BLVD SUITE 109
City-State-Zip: NAPLES FL 34110

Title D
Name MANDELL, DEBORAH
Address 10542 SMOKEHOUSE BAY DR
102
City-State-Zip: NAPLES FL 34120

Title D
Name BONNETTE, MARY
Address 1920 VIRGINIA AVE SUITE 401
City-State-Zip: FT.MYERS FL 33901

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: ROBERT MANDELL

DM

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date