

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008218

**Entity Name:** AREA 3 FOUNDATION, INC.

**Current Principal Place of Business:**

7154 N UNIVERSITY DRIVE  
SUITE #197  
TAMARAC, FL 33321

**FILED**  
**Jan 31, 2026**  
**Secretary of State**  
**8319423405CC**

**Current Mailing Address:**

7154 N UNIVERSITY DRIVE  
SUITE #197  
TAMARAC, FL 33321 US

**FEI Number: 45-4675599**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LINN, KATHRYN  
561 FIELDCREST DRIVE  
THE VILLAGES, FL 32162 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           DIRECTOR  
Name           GLASSMAN, JODY  
Address        7154 N UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           HILDENBRAND, PAUL  
Address        7154 N UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

Title           SECRETARY  
Name           RUSK, TOMA  
Address        7154 N UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           ABEL, ANDREA  
Address        7154 N UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

Title           PRESIDENT  
Name           STRAWBRIDGE, PATRICK  
Address        7154 UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           ALDINGER, ERIN RUSK C/O PAUL  
Address        7154 N UNIVERSITY DRIVE  
                  SUITE #197  
City-State-Zip: TAMARAC FL 33321

*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: TOMA S RUSK**

**SECRETARY**

**01/31/2026**

Electronic Signature of Signing Officer/Director Detail

Date