

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43974

Entity Name: CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.**Current Principal Place of Business:**4800 NORTH STATE ROAD 7
BLDG F SUITE 102
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**4800 NORTH STATE ROAD 7
BLDG F SUITE 102
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 65-0292125**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HINDS, COREY
4800 N. STATE ROAD 7, SUITE 102
BLDG F
LAUDERDALE LAKES, FL 33319 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	CEO
Name	HINDS, COREY
Address	4800 NORTH STATE ROAD 7 BLDG F SUITE 102
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	VP
Name	LABELLE, JOSEPH
Address	2196 MAIN STREET SUITE L
City-State-Zip:	DUNEDIN FL 34698

Title	TREASURER
Name	SMITH, SHEA
Address	515 EAST LAS OLAS BLVD. 15TH FLOOR
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	DIRECTOR
Name	DANIEL, JEFFREY
Address	1111 PARK CENTER BLVD SUITE 100
City-State-Zip:	MIAMI FL 33169

Title	P
Name	OISTACHER, DEBRA
Address	2091 NW 87TH TERRACE
City-State-Zip:	CORAL SPRINGS FL 33071

Title	SECRETARY
Name	KERR, JESSICA ESQ.
Address	333 LAS OLAS WAY CU3, SUITE 311
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	DIRECTOR
Name	BEREOLOS, ROBERT
Address	350 LEISURE BLVD
City-State-Zip:	POMPANO BEACH FL 33064

Title	DIRECTOR
Name	GELIN, MIKE
Address	6750 N. ANDREWS AVENUE SUITE 200
City-State-Zip:	FT. LAUDERDALE FL 33309

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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: COREY HINDS**EXECUTIVE
DIRECTOR/CEO****01/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LILIENTHAL, CRAIG
Address 6140 SW 24TH PLACE
 APT. 106
City-State-Zip: DAVIE FL 33314

Title DIRECTOR
Name MENEKOU, LAURIE
Address 901 PROGRESSO DRIVE
 SUITE 210
City-State-Zip: FT LAUDERDALE FL 33304