

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50367

**Entity Name:** CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD  
150  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD  
150  
MIAMI, FL 33137 US

**FEI Number:** 65-0379532

**Certificate of Status Desired:** Yes

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

O'CONNELL, PETER  
4770 BISCAYNE BLVD  
150  
MIAMI, FL 33137 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:** PETER O'CONNELL

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROBERTS, ALVIN  
Address 6660 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR, PRESIDENT  
Name GOLDFARB, GREGG ESQ.  
Address 19 WEST FLAGLER ST,  
UNIT 1212  
City-State-Zip: MIAMI FL 33130

Title VP, TREASURER, DIRECTOR  
Name GRATZKE, BARBARA  
Address 2660 S.E. 7 PLACE  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR  
Name CHIERNO, SKINNER  
Address 780 NW 42 AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR, SECRETARY  
Name BLAIRE, BONNIE  
Address 2655 S. LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

*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:** GREGG GOLDFARB

PRESIDENT

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date