### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003429

Entity Name: SOUTH FLORIDA GUARDIANSHIP ASSOCIATION, INC.

**FILED** Apr 13, 2019 **Secretary of State** 3729717322CC

# **Current Principal Place of Business:**

SOUTH FLORIDA GUARDIANSHIP ASSOCIATION 75 MIRACLE MILE 347907 CORAL GABLES, FL 33134

## **Current Mailing Address:**

SOUTH FLORIDA GUARDIANSHIP ASSOCIATION 75 MIRACLE MILE 347907 CORAL GABLES, FL 33134 US

FEI Number: 65-1096154 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RUST, CAROL 3006 AVIATION AVENUE PH-4C COCONUT GROVE, FL 33133 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: CAROL RUST 04/13/2019

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

City-State-Zip:

DAVIE FL 33330

Title **PRESIDENT** Title SECRETARY Name HASANDRAS, HEATHER Name RUST, CAROL

15800 PINES BOULEVARD Address Address 3006 AVIATION AVENUE

> 3070 PH-C

City-State-Zip: PEMBROKE PINES FL 33027 City-State-Zip: COCONUT GROVE FL 33133

Title VΡ Title **TREASURER** Name PAPA, CHRIS Name OMACHONU, ABO

Address Address

2555 PONCE DE LEON 7400 SW 50TH TERRACE 200

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33155

Title DIRECTOR Title DIRECTOR

GEORGE, ELENA GEORGE, JOSEPH P Name Name

Address 9655 SOUTH DIXIE HWY Address 9655 SOUTH DIXIE HIGHWAY 112 112

City-State-Zip: MIAMI FL 33156 City-State-Zip: MIAMI FL 33156

**DIRECTOR** Title **DIRECTOR** Title

Name HADAD, MEYLIN Name HYER. MELANIE L

Address **5090 SW 145TH AVENUE** Address 1680 MERIDIAN AVENUE

200

MIAMI BEACH FL 33139 City-State-Zip:

### Continues on page 2

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: HEATHER HASANDRAS **PRESIDENT** 04/13/2019

# Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

REISER, BARBARA BURSTEIN LEVY, MARLINE Name Name

Address 337 ALCAZAR AVENUE Address 75 MIRACLE MILE

347907

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134