

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728055

**Entity Name:** BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

**Current Principal Place of Business:**

BROWARD ASSOC. OF THE DEAF  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

BROWARD ASSOC. OF THE DEAF  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**FEI Number:** 23-7326978

**Certificate of Status Desired:** No

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

LOCKHART, MICHAEL  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064 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	P	Title	VP
Name	SOLOMON, LESLIE	Name	TENDRICH, DONALD
Address	12401 SUMMER SPRINGS DR	Address	1401 NE MIAMI GARDENS DR #297
City-State-Zip:	BOYNTON BEACH FL 33437-2044	City-State-Zip:	N MIAMI BEACH FL 33179
Title	T		
Name	LOCKHART, MICHAEL		
Address	5619 AINSLEY CT.		
City-State-Zip:	BOYNTON BEACH FL 33437		

*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:** MICHAEL R LOCKHART

**TREASURER**

**01/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date