

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03623

**Entity Name:** BREVARD OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PETER SANTISI  
950 N. COURTENAY PARKWAY STE 12  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

C/O PETER SANTISI  
950 N. COURTENAY PARKWAY STE 12  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 65-0086592

**Certificate of Status Desired:** No

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

HENDRIX, DAVID  
250 N. COURTENEY PKWY  
MERRITT ISLAND, FL 32953 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 PD  
Name SANTISI, PETER A  
Address C/O PETER SANTISI  
950 N. COURTENAY PARKWAY STE  
12  
City-State-Zip: MERRITT ISLAND FL 32953

Title CHAIRMAN  
Name HENDRIX, DAVID  
Address 250 N. COURTENEY PKWY  
City-State-Zip: MERRITT ISLAND FL 32953

Title VP  
Name HARBOVE, SARA  
Address 338 SOUTH WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32796

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:** PETER SANTISI

**PRESIDENT**

**03/25/2015**

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

\_\_\_\_\_  
Date