

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001210

**Entity Name:** PARKLAND 17 MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

4613 NORTH UNIVERSITY DRIVE  
#320  
CORAL SPRINGS, FL 33067-4602

**Current Mailing Address:**

POST OFFICE BOX 8975  
CORAL SPRINGS, FL 33075-8975

**FEI Number: 86-2227892**

**Certificate of Status Desired:** No

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

JENSEN, BONNI S  
7080 NW 4TH STREET  
PLANTATION, FL 33317 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  
Name MOSER, MICHAEL  
Address POST OFFICE BOX 8975  
City-State-Zip: CORAL SPRINGS FL 33075-8975

Title VP  
Name MONTALTO, TONY  
Address POST OFFICE BOX 8975  
City-State-Zip: CORAL SPRINGS FL 33075-8975

Title TREA  
Name WALKER, RICH  
Address POST OFFICE BOX 8975  
City-State-Zip: CORAL SPRINGS FL 33075-8975

Title SEC  
Name CARTER, JOY  
Address POST OFFICE BOX 8975  
City-State-Zip: CORAL SPRINGS FL 33075-8975

*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 MOSER**

P

02/10/2022

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

\_\_\_\_\_  
Date