2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000944

Entity Name: BROWARD COUNTY EYE FOUNDATION, INC.

FILED Jan 02, 2018 **Secretary of State** CC2142671774

Current Principal Place of Business:

C/O MCFATTER TECHNICAL COLLEGE

OPTOMETRIC ASSISTANT PROGRAM6500 NOVA DRIVE

DAVIE, FL 33317

Current Mailing Address:

C/O MCFATTER TECHNICAL COLLEGE OPTOMETRIC ASSISTANT PROGRAM6500 NOVA DRIVE DAVIE, FL 33317 US

FEI Number: 65-0622742 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRUMSKI, MARGARET A OD 2640 MCKINLEY ST. HOLLYWOOD, FL 33020 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: MARGARET A STRUMSKI 01/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER, DIRECTOR Title **EXECUTIVE SECRETARY** Name STRUMSKI, MARGARET A OD Name BRAUSS, SANDRA LDO Address 2640 MCKINLEY ST. Address 2301 WILTON DRIVE

UNIT C

FT. LAUDERDALE FL 33328

City-State-Zip: HOLLYWOOD FL 33020 WILTON MANORS FL 33305 City-State-Zip:

Title **PRESIDENT**

Title DIRECTOR Name BRAUSS, JAMES R OD

MARTINEZ, RICHARD LDO Name Address 2301 WILTON DRIVE

6500 NOVA DR Address **UNIT C**

City-State-Zip: DAVIE FL 33317 City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR VΡ Title

Name NEHMAD, LEON OD AMMANN, JOHNATHAN R Name

NOVA SOUTHEASTERN OPTOMETRY Address 6800 NW 23RD TERRACE Address

SCHOOL City-State-Zip: FT. LAUDERDALE FL 33309-1408 32 S. UNIVERSITY DRIVE

Title **DIRECTOR**

Name YATES, DAWN Title DIRECTOR

BROWN, LAWRENCE M Name Address LAUDERDALE MANORS EARLY

LEARNING & FAMILY RESOURCE 121 ROYAL PARK DRIVE Address CENTER

1400 NW 14TH CT.

OAKLAND PARK FL 33309 City-State-Zip: FT. LAUDERDALE FL 33311 City-State-Zip:

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City-State-Zip:

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.

01/02/2018 SIGNATURE: MARGARET A STRUMSKI, OD TREASURER, DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BROWN, PAMELA J

Address 121 ROYAL PARK DRIVE

#1B

City-State-Zip: OAKLAND PARK FL 33309