

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000944

Entity Name: BROWARD COUNTY EYE FOUNDATION, INC.**Current Principal Place of Business:**C/O MCFATTER TECHNICAL COLLEGE
OPTOMETRIC ASSISTANT PROGRAM 6500 NOVA DRIVE
DAVIE, FL 33317**Current Mailing Address:**C/O MCFATTER TECHNICAL COLLEGE
OPTOMETRIC ASSISTANT PROGRAM 6500 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

01/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STRUMSKI, MARGARET A OD
Address 2640 MCKINLEY ST.
City-State-Zip: HOLLYWOOD FL 33020

Title EXECUTIVE SECRETARY
Name BRAUSS, SANDRA LDO
Address 520 NE 30TH ST.
City-State-Zip: WILTON MANORS FL 33334

Title PRESIDENT
Name BRAUSS, JAMES R OD
Address 520 NE 30TH ST.
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR
Name MARTINEZ, RICHARD LDO
Address 6500 NOVA DR
City-State-Zip: DAVIE FL 33317

Title VP
Name AMMANN, JOHNATHAN R.
Address 3771 WEST STATE ROAD 84
 APT. 104
City-State-Zip: DAVIE FL 33312

Title DIRECTOR
Name BROWN, LAWRENCE M
Address 121 ROYAL PARK DRIVE
 #1B
City-State-Zip: OAKLAND PARK FL 33309

Title DIRECTOR
Name BROWN, PAMELA J
Address 121 ROYAL PARK DRIVE
 #1B
City-State-Zip: OAKLAND PARK FL 33309

Title DIRECTOR
Name SAGER, JEFFREY E. OD
Address SAGER EYE CARE CENTER
 823 N. NOB HILL RD.
City-State-Zip: PLANTATION FL 33324

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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: MARGARET A STRUMSKI

TREASURER

01/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAMSON, JODI
Address	1400 NW 14TH CT.
City-State-Zip:	FT. LAUDERDALE FL 33324