

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006446

**Entity Name:** LEARNING EXCELLENCE FOUNDATION OF WEST BROWARD COUNTY, INC.**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC6383206913****Current Principal Place of Business:**2500 GLADES CIRCLE  
WESTON, FL 33327**Current Mailing Address:**PAUL EICHNER C/O MICHAEL CHAPNICK  
1655 PALM BEACH LAKES BLVD #500  
WEST PALM BEACH, FL 33401 US**FEI Number: 65-1125969****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EICHNER, PAUL D  
PAUL EICHNER C/O MICHAEL CHAPNICK  
1655 PALM BEACH LAKES BLVD. #500  
WEST PALM BEACH, FL 33401 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	CHAIRMAN
Name	SANDOE, PATRICK
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	FRANCEY, DONALD N
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	VC
Name	ROYAL/BARNES, ERICA
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	TREASURER
Name	DIAZ, VERONICA
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	STROZE, PRISCILLA P
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	RADHIKA, PAUL
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	SECRETARY
Name	ALLEN, SYLVIA
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	ROYAL, PASCALE
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

**Continues on page 2**

*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: PATRICK SANDOE

BOARD CHAIR

03/30/2016

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name MONTAN, JASON  
Address C/O IMAGINE CHARTER SCHOOL AT WESTON  
2500 GLADES CIRCLE  
City-State-Zip: WESTON FL 33327

Title BOARD MEMBER  
Name GARCIA, JHANET  
Address C/O IMAGINE CHARTER SCHOOL AT  
WESTON  
2055 GLADES CIRCLE  
City-State-Zip: WESTON FL 33327