

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009594

Entity Name: PARKS FOUNDATION OF BROWARD COUNTY, INC.**Current Principal Place of Business:**PARKS FOUNDATION OF BROWARD COUNTY
950 NW 38TH STREET
OAKLAND PARK, FL 33309**Current Mailing Address:**PARKS FOUNDATION OF BROWARD COUNTY
950 NW 38TH STREET
OAKLAND PARK, FL 33309 US**FEI Number:** 46-4159962**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OATES, THOMAS D
1701 E ATLANTIC BLVD
SUITE 4
POMPANO BEACH, FL 33060 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:** THOMAS D OATES

03/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, VP
Name ROSE, SHEILA N AICP
Address 2781 NE 5TH STREET
City-State-Zip: POMPANO BEACH FL 33062

Title CHAIRMAN
Name GOLDSMITH, TERI
Address GOLDSMITH RESOURCES
525 N.E. 13TH AVE
City-State-Zip: FORT LAUDERDALE FL 33301

Title D, S
Name LAZOWICK, ALEX
Address KEITH AND ASSOCIATES
301 E. ATLANTIC BLVD.
City-State-Zip: POMPANO BEACH FL 33060

Title TREASURER / DIRECTOR
Name OATES , THOMAS D.
Address 1701 E. ATLANTIC BLVD
SUITE 4
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name SOBEL, ELEANOR
Address 3700 N. 54 AVE
City-State-Zip: HOLLYWOOD FL 33021

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: THOMAS D OATES**DIRECTOR**

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date