

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13141

Entity Name: SCHOTT MEMORIAL CENTER FOUNDATION, INC.**Current Principal Place of Business:**6591 S FLAMINGO ROAD
COOPER CITY, FL 33330**Current Mailing Address:**6591 S FLAMINGO ROAD
COOPER CITY, FL 33330 US**FEI Number:** 59-2798816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES, FL 33134 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	DR.
Name	DIPIETRO, OLIVER
Address	1045-95TH STREET STE 100
City-State-Zip:	BAY HARBOR ISLANDS FL 33154

Title	SD
Name	GEVRY, BRIAN L
Address	1801 EAST 9TH STREET
City-State-Zip:	CLEVELAND OH 44114

Title	TD
Name	SCHOTT, R GREG
Address	5811 PELICAN BAY BLVD STE 102
City-State-Zip:	NAPLES FL 34108

Title	PD
Name	SCHOTT, STEPHEN
Address	11900 BISCAYNE BLVD STE 401
City-State-Zip:	MIAMI FL 33181

Title	TREASURER
Name	REMENTERIA, JOSE
Address	1800 N MILITARY TRAIL
City-State-Zip:	BOCA RATON FL 33431-7766

Title	D
Name	GARZA, ROBERT MSGR.
Address	2900 SW 87TH AVE
City-State-Zip:	MIAMI FL 33165

Title	DIRECTOR
Name	SAAL, WILLIAM D
Address	703 OLDE CENTRAL WAY
City-State-Zip:	MOUNT PLEASAND SC 29464

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: JOSE REMENTERIA**TREASURER****01/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date