

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44217

**Entity Name:** BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**FILED**  
**Aug 24, 2015**  
**Secretary of State**  
**CC6668981505****Current Principal Place of Business:**115 S ANDREWS AVE.  
GOVERNMENT CENTER, S-423  
FT. LAUDERDALE, FL 33301**Current Mailing Address:**115 S ANDREWS AVE.  
GOV'T CTR, STE #513  
FT. LAUDERDALE, FL 33301**FEI Number: 65-0276964****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RYAN, TIM  
FINANCE & ADMIN SVS DEPT, ROOM 414  
115 S. ANDREWS AVE  
FORT LAUDERDALE, FL 33301 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: TIM RYAN****08/24/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title MR.  
Name KIAR, MARTIN DAVID  
Address 250 MAHOGANY TERRACE  
City-State-Zip: DAVIE FL 33325Title MR.  
Name LAMARCA, CHARLES J.  
Address 2605 NE 24TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064Title MS.  
Name RITTER, STACY  
Address 7711 SALEM LANE  
City-State-Zip: PARKLAND FL 33067Title MR.  
Name BOGEN, MARK  
Address 7650 NW 47 DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067Title MS.  
Name WEXLER, LOIS  
Address 16175 GOLF CLUB RD., APT. 301  
City-State-Zip: WESTON FL 33326Title MR.  
Name FURR, QUENTIN BEAM  
Address 2326 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33020Title MS.  
Name SHARIEF, BARBARA  
Address 16482 SW 18TH STREET  
City-State-Zip: MIRAMAR FL 33027Title MR.  
Name RYAN, TIM  
Address 5691 WOODLAND LANE  
City-State-Zip: FORT LAUDERDALE FL 33312**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: TIM RYAN****MAYOR****08/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	MR.
Name	HOLNESS, DALE VC
Address	2630 NW 52 AVENUE
City-State-Zip:	LAUDERHILL FL 33313