

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 22, 2009  
Secretary of State**

DOCUMENT# 728055

Entity Name: BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

**Current Principal Place of Business:**

BROWARD ASSOC. OF THE DEAF  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

BROWARD ASSOC. OF THE DEAF  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 23-7326978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOCKHART, MICHAEL  
362 WEST SAMPLE ROAD  
POMPANO BEACH, FL 33064      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SOLOMON, LESLIE  
Address: 12401 SUMMER SPRINGS DR  
City-St-Zip: BOYNTON BEACH, FL 334372044 US

Title: VP      ( ) Delete  
Name: TENDRICH, DONALD  
Address: 1401 NE MIAMI GARDENS DR #297  
City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: S/T      ( ) Delete  
Name: LOCKHART, MICHAEL  
Address: 5619 AINSLEY CT.  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: C      (X) Delete  
Name: NIKOLAUS, ROSEMARY  
Address: 7380 NW 18TH ST APT 101  
City-St-Zip: MARGATE, FL 330636871 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LESLIE SOLOMON

P

02/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date