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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740804** **(0)**

1. Corporation Name

BROWARD COUNTY CHAPTER OF THE AMERICAN SOCIETY O F CLU AND CHFC, INC.

Principal Place of Business	Mailing Address
5871 N UNIVERSITY DR #300 TAMARAC FL 33321 US	1040 BAYVIEW DR., STE. 422 FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 11/17/1977

4. FEI Number: 59-1781622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 26792
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 Tamarac, FL
Zip 24 / Country 25	Zip 29 33320 / Country 30 Broward

9. Name and Address of Current Registered Agent

KAHN, CORINNE
2600 N MILITARY TRAIL
STE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KRAMER, HOWARD A		1.2 NAME	D	
STREET ADDRESS	6901 NW 46 CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RICHMAN, CRAIG		2.2 NAME	P	
STREET ADDRESS	600 CORPORATE DR. SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BLAKEMORE, ED		3.2 NAME	VP	
STREET ADDRESS	1200 S. PINE ISLAND RD., #140		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	MASARCK, MICHAEL		4.2 NAME	T	
STREET ADDRESS	1200 S. PINE ISLAND RD., #140		4.3 STREET ADDRESS	Richard Goldberg	
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP	3230 W. Commercial Blvd, Fort Lauderdale, FL 33319	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	MAHER, JAMES		5.2 NAME	D	
STREET ADDRESS	3159 N.W. 122ND AVE		5.3 STREET ADDRESS	Chuck Dunsford	
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	17749 SW 2 St., Pembroke Pines,33029	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME			6.2 NAME	D	
STREET ADDRESS			6.3 STREET ADDRESS	Marc Sigel	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	600 Corporate Dr. Fort Lauderdale, FL 33334	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig D. Richman (954) 757-2263