## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 05, 2008 8:00 am Secretary of State

DOCUMENT # N04336  1. Entity Name BROWARD COUNTY DARTING ASSOCIATION, INC.						90001 026 ****6				
3914 NORTHWEST 88TH TERRACE P.O. CORAL SPRINGS, FL 33065 US GATI		Mailing Address P.O. BOX 4623 GATEWAY STN. FT. LAUDERDALE, FL 33338-4623 US								
		3. Mailing Address								
Suite, Apt.	NW 5+h Place	P.O. Box 2 Suite, Apt. #, etc.	7002	07152008		0000000 (40400)				
				07132008	hg-NP	CR2E037 (12/06)				
City & State	sate FL	City & State Tamarac	FL	4. FEI Number NOT APPL	ICABLE	<del>                                     </del>	oplied For ot Applicable			
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Add	ditional			
3306	6. Name and Address of Current Reg	33320	USA	7. Name and Ade	dress of New Re	Fee Require	:0			
CVALON			Name	<u> </u>	12					
SYMON, L 3914 NW 8	ORRAINE 38TH TERRACE			ess (P.O. Box Number is	Not Acceptable)	·				
	PRINGS, FL 33065			6921 NW	5th Pla	ce				
			City		<del> </del>	Zin Cod	le l			
		largate		FL Zip Cod	63					
6. 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. I am familiar with, and accept the obligations of registered agent.										
	J. O 40 1:	A 11 - T		_		elulos				
SIGNATURE Lin Dables Lin Dehler, Treasurer 8(14/08) Signature, lyber or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
1	Signature, typed or printed name of registered agent and i	title if applicable. (NOTE:	Registered Agent signature r	equired when reinstating)		DATE				
Ď	Signature, typeofor printed name of registered agent and it Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		ke check payable to the check				
10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIREC	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florid	ia Department of S	tate I 10			
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12. Thereby certify that the information supplied with this fluid does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it am information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Li Ochly	Liz Oehler	8114108	954-914-8344
	SIGNATURE AND TYPED OR PRINTED A	IAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #