

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005016

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** DOVS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

10000 NW 29 STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 935103  
MARGATE, FL 33093

**New Mailing Address:**

**FEI Number:** 35-2340934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KASHAR, CARRIE  
4914 SW 24 AVENUE  
FORT LAUDERDALE, FL 33312 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:** PD  
**Name:** FORDE, SHARON  
**Address:** 872 BANKS ROAD  
**City-St-Zip:** COCONUT CREEK, FL 33063

**Title:** VD  
**Name:** KING, LISA  
**Address:** 4520 SHERIDAN STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** TD/S  
**Name:** SAUCIER, COLETTE  
**Address:** 1117 SW 15TH AVENUE, #2  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

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:** SHARON FORDE

PD

02/08/2012

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

\_\_\_\_\_  
Date