

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39387 (8)**

1. Corporation Name
SEMINOLE CLUB OF BROWARD COUNTY, INC.



Principal Place of Business: PO BOX 030314, P. O. BOX 030314, FT LAUDERDALE FL 33303 US
Mailing Address: PO BOX 030314, FT LAUDERDALE FL 33303 US

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **09/29/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0208659	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
29	30		

9. Name and Address of Current Registered Agent

**SPAULDING, LINDA R
CONRAD, SCHERER, JAMES & JENNE
633 S. FEDERAL HIGHWAY, 8TH FL.
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	PALMER, MELISSA	1.2 NAME
STREET ADDRESS	3139 COCOPLUM CIRCLE	1.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	DETRICK, KAREN	2.2 NAME
STREET ADDRESS	5805 N ANDREWS WAY	2.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	BOYKIN, MICHAEL D	3.2 NAME
STREET ADDRESS	204 LAKE POINTE DR., APT. 102	3.3 STREET ADDRESS
CITY-ST-ZIP	OAKLAND PARK FL 33309	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	BAUER, GARY	4.2 NAME
STREET ADDRESS	5115 NW 52 ST.	4.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Jess Rabinowitz. 9400 NW 18th PL Plantation, FL 33322
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Jamie Tribble 2876 SW 12 ST Deerfield Bch, FL 33442
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D mike Boykin 500 S Cypress Rd. #8 Pompano Bch, FL 33060
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Sharon Licamara 734 SW 4th Ave Hallandale, FL 33009
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-19-96**
Daytime Phone #: **954-941-5438**

CR2E037 (12/95)