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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N39387

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/01/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0208659
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPAULDING, LINDA R CONRAD, SCHERER, JAMES & JENNE 633 S. FEDERAL HIGHWAY, 8TH FL. FORT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABINOWITZ, JEFF	1.2 NAME	Margaretta Brooks
STREET ADDRESS	9400 NW 18TH PL	1.3 STREET ADDRESS	4141 Bayshore Blvd #902
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Steve Masterman-Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, DEBRA	2.2 NAME	776 NW 154 Avenue
STREET ADDRESS	799 HAVANA DR	2.3 STREET ADDRESS	Pembroke Pine FL
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOSKOWITZ <b>change</b>	3.2 NAME	
STREET ADDRESS	<del>SUMAGOWSKI, KIM</del> 11631 NW 48 Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFER, ROBIN	4.2 NAME	
STREET ADDRESS	6731 SW 9TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti Yackel <b>add</b>	5.2 NAME	
STREET ADDRESS	3630 NW 83rd Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33351	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geni Wolkin <b>add</b>	6.2 NAME	
STREET ADDRESS	7052 48th Ct.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, FL 33319	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: X [Signature] DATE: 2/05/99 DAYTIME PHONE #: 813-837-8792

CR2E037 (11/98)