2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39387

FILED May 11, 2008 Secretary of State

Entity Name: SEMINOLE CLUB OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2810 N E 52 STRET

FT LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

PO BOX 030314

FT LAUDERDALE, FL 33303 US

FEI Number: 65-0208659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WATSON, MICHAEL R WATSON, MICHAEL R

RODRIGÚEZ, KINZBRUNNER, CONIGLIO & WATSON 2810 N E 52ND STREET

4801 S. UNIVERSITY DRIVE DAVIE, FL 33328 US

FORT LAUDERDALE, FL 33308 US

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: 05/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete

HAGGERTY, MICHAEL Name: Name: CARTER, JASON D Address: 2611 EAST OAKLAND PARK BOULEVARD Address: 4580 S W 152 AVE City-St-Zip: FORT LAUDERDALE, FL City-St-Zip: MIRAMAR, FL 33027

Title: TREA () Delete Title: () Change () Addition

Name: WATSON, MICHAEL R Name: Address: 4801 S. UNIVERSITY DRIVE Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip:

Title: SECY () Delete Title: () Change () Addition

WESTERGOM, ANDREA Name: Name: 1515 S FEDERAL HWY, STE 201 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL WATSON **TREA** 05/11/2008