

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2006
Secretary of State**

DOCUMENT# N44217

Entity Name: BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

Current Principal Place of Business:

115 S ANDREWS AVE.
GOVERNMENT CENTER, S-423
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

115 S ANDREWS AVE.
GOV'T CTR, STE #513
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0276964 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LALLA, MATTHEW R.
115 S ANDREWS AVE.
GOVERNMENT CTR, STE 513
FT. LAUDERDALE, FL 33301 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: C () Delete
Name: JACOBS, KRISTIN
Address: 651 NE 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33360

Title: D () Delete
Name: LIEBERMAN, ILENE
Address: 4809 WOODLANDS BLVD.
City-St-Zip: TAMARC, FL 33319

Title: D () Delete
Name: SCOTT, JAMES A
Address: 3030 N E 40 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: GUNZBURGER, SUZANNE N.
Address: 803 N. SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: RODSTROM, JOHN E.
Address: 66 NURMI DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: WASSERMAN-RUBIN, DIANA
Address: 5731 SW 196 LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GRABER, BEN
Address: 7460 WOODMONT TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEN GRABER

C

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date