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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
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DOCUMENT # N93000001041

1. Corporation Name

BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

115 SE 13TH STREET

A

FORT LAUDERDALE FL 33316

US

Mailing Address

115 SE 13TH STREET

A

FORT LAUDERDALE FL 33316

US

117131-90036-14



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/22/1993

4. FEI Number

65-0407370

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHARON M. SAUNDERS

115 SE 13TH STREET SUITE A

FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Sharon M. Saunders

Sharon M. Saunders

1-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE

NAME **MEROLLA, NANCY**

STREET ADDRESS **1800 CORPORATE BLVD, #200**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** ☐ DELETE

NAME **ANASTASATO, JANICE**

STREET ADDRESS **5546 W OAKLAND PARK BLVD, #207**

CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SD** ☐ DELETE

NAME **ROSENBERG, ANDREW**

STREET ADDRESS **2255 GLADES ROAD, #412E**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ DELETE

NAME **MARILYN GOLDNER**

STREET ADDRESS **4740 N SR 7, C**

CITY-ST-ZIP **FT LAUDERDALE FL 33319**

TITLE **D** ☐ DELETE

NAME **SCHOENDORF, LEE**

STREET ADDRESS **4011 N.W. 23RD COURT**

CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **S** ☐ DELETE

NAME **HATCH, ROLAND**

STREET ADDRESS **437 S.W. 4TH AVE.**

CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director

President/Director

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: *Sharon M. Saunders, Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)