

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90026 012 \*\*\*\*70.00

<b>DOCUMENT # N93000001041</b>					
<b>1. Entity Name</b> BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC.					
<b>Principal Place of Business</b> 305 SE 18TH COURT FORT LAUDERDALE, FL 33316 US			<b>Mailing Address</b> 305 SE 18TH COURT FORT LAUDERDALE, FL 33316 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		02162004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0407370				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROSENBERG, ANDREW G ANDREW STUART ASSET MANAGEMENT GROUP 8751 W. BROWARD BLVD., STE. 106 FT. LAUDERDALE, FL 33324			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENBERG, ANDREW 8751 W. BROWARD BLVD., STE. 106 PLANTATION, FL 33324 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, ANDREW 8751 W. BROWARD BLVD, STE 106 PLANTATION FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD ANASTASATO, JANICE 7145 W. OAKLAND PK. BLVD LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ANASTASATO, JANICE 7145 W. OAKLAND PK. BLVD. LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MACCHIA, JOHN J 350 E. LAS OLAS BLVD. STE 1150 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CD MACCHIA, JOHN J. 350 E. LAS OLAS BLVD STE 1150 FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P MOLNAR, CAROL A 1800 CORPORATE BLVD. NW SUITE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD MOLNAR, CAROL A 1800 CORPORATE BLVD NW STE 200 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD MULLIS, LINDA 1436 SEAGRAPE CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TITLEMAN, STEPHAN R 1528 YELLOWHEART WAY HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					