

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001041

1. Entity Name
BROWARD COUNTY COMMUNITY DEVELOPMENT
CORPORATION, INC.



Principal Place of Business

305 SE 18TH COURT
FORT LAUDERDALE, FL 33316 US

Mailing Address

305 SE 18TH COURT
FORT LAUDERDALE, FL 33316 US



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0407370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE L
C/O ACCELERATED CONSULTING GROUP
150 S.PINE ISLAND RD #310
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ANASTASATO, JANICE
STREET ADDRESS	7145 W. OAKLAND PK. BLVD
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	CD
NAME	MACCHIA, JOHN J
STREET ADDRESS	350 E. LAS OLAS BLVD. STE 1150
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	TD
NAME	GONZALEZ, JOSE L
STREET ADDRESS	150 S.PINE ISLAND RD.310
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	PCEO
NAME	MEROLLA, NANCY L
STREET ADDRESS	305 SE 18TH CT
CITY - ST - ZIP	FT.LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NANCY L. Merolla

2/1/07

954 764 2890