2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002686

1. Entity Name
NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.

Principal Place of Business	Mailing Address
303 SE 17TH ST FT LAUDERDALE, FL 33316	303 SE 17TH ST FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0449927

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

N BROWARD HOSPITAL DISTRICT RETIREE CLUB
303 SE 17 ST
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000601869
01/26/07-80067-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALANO, ANTHONY
STREET ADDRESS	4531 THOMAS ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	REGAN, VIOLA
STREET ADDRESS	300 NE 19 CT APT N 106
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	S
NAME	BOYD, LOIS
STREET ADDRESS	103 NE 26 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	T
NAME	APOIAN, CORRINE
STREET ADDRESS	2350 NE 14TH STREET #303
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	BARNES, PAT
STREET ADDRESS	4201 NW 34 WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	PARKER RAMSAY, JEAN
STREET ADDRESS	830 TENNESSEE AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

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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: Corrine Apoian CORRINE APOIAN 1/20/07 954-946-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #