


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 041 ****61.25

DOCUMENT # N95000002526			
1. Entity Name BROWARD TRUST FOR HISTORIC PRESERVATION, INC.			
Principal Place of Business P.O. BOX 1060 FORT LAUDERDALE, FL 33302 US		Mailing Address P.O. BOX 1060 FORT LAUDERDALE, FL 33302 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0596154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LICHTMAN, PETER A C/O WEISS SEROTA HELFMAN 3107 STIRLING ROAD, STE 300 FORT LAUDERDALE, FL 33312		Name <u>Lichtman, Peter A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O Lewis Stroud + Deutsch, PL</u> <u>1900 Glades Rd., Ste 251</u> City <u>Boca Raton</u> FL Zip Code <u>33432</u>	
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 <u>Peter A Lichtman</u>		PETER A. LICHTMAN <u>3/1/06</u>	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, CHARLES 1216 SW 4TH CT. FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smart, Diane G 3850 Galt Ocean Dr., #711 Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete SMART, DIANE G 3850 GALT OCEAN DR, #711 FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lichtman, Peter A 347 N. New River Dr. E., Unit #1208 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete KIMBERLIN, SUSAN 119 NE 19TH CT, #217 WILTON MANORS, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jolly, Daryl 801 W. Las Olas Blvd. Ft. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete GRAY, LEILA 1500 ARGYLE DR FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (?) Cantrell, Terry 745 Harrison St Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LICHTMAN, PETER A 3107 STIRLING RD, STE 300 FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (?) Gillis, Susan 902 NE 37th St. Oakland Park, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JOLLY, DARYL 312 SW 12TH AVENUE FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change or <input checked="" type="checkbox"/> Addition (?) Loewenstein, Estelle 319 Palm St. Hollywood, FL 33019
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: <u>Peter A Lichtman</u>		VPD PETER A LICHTMAN <u>3/1/06</u> <u>561 826 2800</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40073051

11. Continued (Doc No. N95000002526)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
D Peacock, Tamara One Financial Plaza, #132 100 SE 3rd Ave Ft. Lauderdale, FL 33394		
D Suchman, Steve 1550 Madruga Ave., #230 Coral Gables, FL 31246		
Oparah, Tanya 100 S. Andrews Ave Ft Lauderdale FL 33301		
Shafraan, Heidi 3350 Alba Way Deerfield Bch, FL 33442		
Glassman, Steven 106 S. Birch Rd #2001 Ft Lauderdale FL 33316		
Julian, William 1102 NE 2nd Ct Hallandale Bch, FL 33009		

TITLE NAME D
DONALD F. BARNEY, JR.
CT Co. LLC
1940 NE 60TH STREET
FORT LAUDERDALE, FL 33308
Addition

TITLE NAME D
TONY DuBOSE
7890 PETERS ROAD, SUITE G-107
PLANTATION, FL 33324
Addition