

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713360

**Entity Name:** BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5645 CORAL RIDGE DRIVE  
SUITE 467  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5645 CORAL RIDGE DRIVE  
SUITE 467  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 59-2249854

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LIPPMAN, JODI  
5645 CORAL RIDGE DRIVE  
SUITE 467  
CORAL SPRINGS, FL 33076 US

*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.*

**SIGNATURE:** JODI LIPPMAN

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, IMMEDIATE PAST  
PRESIDENT

Name FINIZIO, ELIZABETH

Address 106 SE 9TH STREET

City-State-Zip: FORT LAUDERDALE FL 33316

Title VP

Name BILLINGS, LEILA

Address 500 NORTH FEDERAL HIGHWAY #200

City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER

Name BAKER, TODD

Address 2727 NW 62ND STREET

City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT

Name ABRAMOWITZ, ROSS

Address 2000 NE 45 STREET

City-State-Zip: FORT LAUDERDALE FL 33308

Title SECRETARY

Name QUACKENBUSH, ANTHONY H

Address 303 SW 6TH STREET PH WEST

City-State-Zip: FORT LAUDERDALE FL 33315

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY QUACKENBUSH

TREASURER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date