

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769100

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC9189403783**

**Entity Name:** HABITAT FOR HUMANITY OF BROWARD, INC.

**Current Principal Place of Business:**

3564 N. OCEAN BLVD.  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3564 N. OCEAN BLVD.  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 59-2320573

**Certificate of Status Desired:** No

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

ROBIN, NANCY L  
3564 N. OCEAN BLVD.  
FORT LAUDERDALE, FL 33308 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:** NANCY L. ROBIN

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE BOARD MEMBER  
Name FEINBERG, BILL  
Address 616 W. OAKLAND PARK BLVD.  
City-State-Zip: WILTON MANORS FL 33311

Title TREA  
Name PALMER, STEPHEN R  
Address 301 E. LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title COB  
Name TAYLOR, ROBERT JR  
Address 1633 SE 17TH ST  
City-State-Zip: FT LAUDERDALE FL 33316

Title VICE COB  
Name KOLB, KELLY  
Address 401 E LAS OLAS BLVD STE 2250  
City-State-Zip: FT LAUDERDALE FL 33301

Title SECRETARY  
Name BARRON, ROBERT  
Address 350 EAST LAS OLAS BLVD STE 1000  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** ROBERT TAYLOR

**CEO/EXECUTIVE  
DIRECTOR**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date