

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009234

**Entity Name:** BROWARD COUNTY INTERGROUP, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC3825797651**

**Current Principal Place of Business:**

3317 NW 10 TERRACE  
SUITE 404  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

3317 NW 10 TERRACE  
SUITE 404  
FT. LAUDERDALE, FL 33309 US

**FEI Number: 20-1672030**

**Certificate of Status Desired: No**

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

SAJA, MARY  
3317 NW 10 TERRACE  
SUITE 404  
FT. LAUDERDALE, FL 33309 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name SMITH, TIMOTHY  
Address 3317 NW 10 TERRACE  
SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title V  
Name KASSOF, HOWARD  
Address 3317 NW 10 TERRACE  
SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title T  
Name JACOB, SUZANNE GRACE  
Address 3317 NW 10 TERRACE  
SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title S  
Name BROWARD COUNTY INTERGROUP  
Address 3317 NW 10 TERRACE  
SUITE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

*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: MARY SAJA**

**COORDINATOR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date