

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009234

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**1952910133CC**

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

**Current Principal Place of Business:**

3317 NW 10 TERRACE  
SUITE 404  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

3317 NW 10 TERRACE  
SUITE 404  
OAKLAND PARK, 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  
OAKLAND PARK, 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           MANAGING DIRECTOR  
Name           SAJA, MARY TULLY  
Address        3317 NORTHWEST 10TH TERRACE  
                  SUITE 404  
City-State-Zip: FORT LAUDERDALE FL 33309

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

Title           VICE CHAIR  
Name           LAW, PATISIA M  
Address        3317 NW 10 TERRACE  
                  STE 404  
City-State-Zip: FT. LAUDERDALE FL 33309

Title           TREASURER  
Name           SCHREIDELL, SHANNON ARIAS  
Address        SUITE 404  
City-State-Zip: OAKLAND PARK FL 33309

Title           SECRETARY  
Name           HILL, STEVEN  
Address        SUITE 404  
City-State-Zip: OAKLAND PARK 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:** SAJA, MARY TULLY

**MANAGING DIRECTOR**

**01/31/2024**

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

\_\_\_\_\_  
Date