

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006139

**Entity Name:** BROWARD REGIONAL HEALTH PLANNING COUNCIL HOUSING  
ADMINISTRATION, INC.**FILED**  
**Jan 10, 2022**  
**Secretary of State**  
**3306562427CC****Current Principal Place of Business:**200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020**Current Mailing Address:**200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 US**FEI Number: 36-4889714****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DE LUCCA, MICHAEL  
200 OAKWOOD LANE, SUITE 100  
HOLLYWOOD, FL 33020 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: MICHAEL DE LUCCA****01/10/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	DE LUCCA, MICHAEL
Address	200 OAKWOOD LANE, SUITE 100
City-State-Zip:	HOLLYWOOD FL 33020

Title	VP
Name	EFFMAN, BARBARA
Address	200 OAKWOOD LANE SUITE 100
City-State-Zip:	HOLLYWOOD FL 33020

Title	S
Name	BENZ, JOHN
Address	200 OAKWOOD LANE SUITE 100
City-State-Zip:	HOLLYWOOD FL 33020

Title	T
Name	MCNERNEY, MIA
Address	200 OAKWOOD LANE SUITE 100
City-State-Zip:	HOLLYWOOD FL 33020

*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: MICHAEL DE LUCCA****PRESIDENT****01/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date