# 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

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15000006139

**Entity Name:** BROWARD REGIONAL HEALTH PLANNING COUNCIL HOUSING ADMINISTRATION, INC.

#### 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

# 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			01/15/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	DE LUCCA, MICHAEL	Name	EFFMAN, BARBARA	
Address	200 OAKWOOD LANE, SUITE 100	Address	200 OAKWOOD LANE	
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	SUITE 100 HOLLYWOOD FL 33020	
Title	S	Title	<del>.</del>	
Name	BENZ, JOHN			
Address	200 OAKWOOD LANE SUITE 100	Name	MCNERNEY, MIA	
		Address	200 OAKWOOD LANE SUITE 100	
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:		

Certificate of Status Desired: Yes

FILED Jan 15, 2020 Secretary of State 0402122738CC

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