

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

DOCUMENT# N39387

**Entity Name:** SEMINOLE CLUB OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

155 SW 96TH TERRACE  
PLANTATION, FL 33324

**Current Mailing Address:**

155 SW 96TH TERRACE  
PLANTATION, FL 33324 US

**FEI Number:** 90-0424534

**Certificate of Status Desired:** No

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

WILSON, KATHY  
472 BARBRI LANE  
DAVIE, FL 33325 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:** KATHY WILSON

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TERRIBILE, CHRISTINE  
Address        155 SW 96TH TERRACE  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER  
Name            WILSON, KATHY  
Address        472 BARBRI LANE  
City-State-Zip: DAVIE FL 33325

Title            VP  
Name            RANDECKER, SUSAN  
Address        5906 ATLANTA ST.  
City-State-Zip: HOLLYWOOD FL 33021-2719

Title            SECRETARY  
Name            BURNS, JUSTIN  
Address        901 NE 14TH AVE.  
                  #405  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            AT-LARGE  
Name            TOTH, RILEY  
Address        700 SE 11TH CT.  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** KATHY WILSON

**TREASURER**

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date