

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42274

**FILED  
Jan 09, 2015  
Secretary of State  
CC0645244527**

**Entity Name:** BROWARD COUNTY LEAGUE OF CITIES, INC.

**Current Principal Place of Business:**

115 S ANDREWS AVENUE  
SUITE 122  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

115 S ANDREWS AVENUE  
SUITE 122  
FT LAUDERDALE, FL 33301

**FEI Number:** 59-1590523

**Certificate of Status Desired:** Yes

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

GOREN, SAMUEL S  
3099 E COMMERCIAL BLVD  
SUITE 200  
FT LAUDERDALE, FL 33308 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 P  
Name ASSEFF, PATRICIA  
Address 115 SOUTH ANDREWS AVENUE,  
SUITE 122  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name ROSENOF, DAVID  
Address 115 SOUTH ANDREWS AVENUE,  
SUITE 122  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name NORTON, JIM  
Address 115 SOUTH ANDREWS AVENUE,  
SUITE 122  
City-State-Zip: FORT LAUDERDALE FL 33301

Title S  
Name ROSS, GREG  
Address 115 SOUTH ANDREWS AVENUE,  
SUITE 122  
City-State-Zip: FORT LAUDERDALE FL 33301

Title T  
Name RESNICK, GARY  
Address 115 SOUTH ANDREWS AVENUE,  
SUITE 122  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** PATRICIA ASSEFF

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date