

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003369

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC3513504695**

**Entity Name:** BROWARD COUNTY CHAMBER OF COMMERCE. INC.

**Current Principal Place of Business:**

2425 EAST COMMERCIAL BLVD  
SUITE 103  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2425 EAST COMMERCIAL BLVD  
SUITE 103  
FORT LAUDERDALE, FL 33308

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

WILLIAMS, LEVI GJR  
FERTIG & GRAMLING  
200 S.E. 13TH STREET  
FT LAUDERDALE, FL 33316 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 PD  
Name ZOLNOWSKI, LAWRENCE A  
Address 2000 BEVERLY POINT RD.  
City-State-Zip: LEESBURG FL 34748

Title STD  
Name ZOLNOWSKI, TERESA E  
Address 2000 BEVERLY POINT RD.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name OTERO, AL  
Address 551 NW 205 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name DUPREE, MARTHENIA DR.  
Address PO BOX 9906  
City-State-Zip: FORT LAUDERDALE FL 33310

Title D  
Name SMITH, C. LON  
Address PO BOX 9583  
City-State-Zip: FORT LAUDERDALE FL 33310

Title D  
Name KENNEDY, TIMOTHY J  
Address PO BOX 5201  
City-State-Zip: FORT LAUDERDALE FL 33310

Title DIRECTOR  
Name KUGELMAN, MARTY  
Address 2425 EAST COMMERCIAL BLVD SUITE 103  
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR  
Name HAAG, SHAWN  
Address 2425 EAST COMMERCIAL BLVD SUITE 103  
City-State-Zip: FORT LAUDERDALE FL 33308

**Continues on page 2**

*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: LAWRENCE ZOLNOWSKI**

**PRESIDENT**

**04/30/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WLKENS, JOE  
Address        2425 EAST COMMERCIAL BLVD SUITE 103  
City-State-Zip: FORT AUDERDALE FL 33308