

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90006 026 \*\*\*\*61.25

**DOCUMENT # 700349**

1. Entity Name

**THE EXECUTIVES ASSOCIATION OF FORT  
LAUDERDALE, INC.**



Principal Place of Business

**2601 E OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33306**

Mailing Address

**2601 E OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33306**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-0883823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENDEE, KEITH A  
2601 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LANK, WILLIAM JR**  
STREET ADDRESS **2203N W. MCNAB ROAD**  
CITY-ST-ZIP **POMPAO BEACH FL 33069**

TITLE **V** ☐ Delete  
NAME **SARBONE, PETER D M.D.**  
STREET ADDRESS **5601 NORTH DIXIE HWY STE 401**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **ST** ☐ Delete  
NAME **TOMS, JOSEPH**  
STREET ADDRESS **4024 N.E. 5 AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☐ Delete  
NAME **DALY, JOHN C**  
STREET ADDRESS **1880 NW 18 ST**  
CITY-ST-ZIP **POMPAO BEACH FL 33069**

TITLE **D** ☐ Delete  
NAME **BOLENDER, KEVIN**  
STREET ADDRESS **750 W MCNAB RD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MD** ☐ Delete  
NAME **HENDEE, KEITH A**  
STREET ADDRESS **2601 E OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Joseph Toms**  
STREET ADDRESS **4024 N. E. 5 Avenue**  
CITY-ST-ZIP **Fort Lauderdale FL 33334**

TITLE **V** ☒ Change ☐ Addition  
NAME **Dottie Mancini**  
STREET ADDRESS **6401 North Federal Highway**  
CITY-ST-ZIP **Fort Lauderdale FL 33308**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Kevin Bolender**  
STREET ADDRESS **750 W McNab Road**  
CITY-ST-ZIP **Fort Lauderdale FL 33309**

TITLE **D** ☒ Change ☐ Addition  
NAME **Jerry McLaughlin**  
STREET ADDRESS **400 N E 3 Avenue**  
CITY-ST-ZIP **Fort Lauderdale FL 33301**

TITLE **D** ☒ Change ☐ Addition  
NAME **John Ray**  
STREET ADDRESS **1770 N W 64 Street, #630**  
CITY-ST-ZIP **Fort Lauderdale FL 33309**

TITLE **MD** ☐ Change ☐ Addition  
NAME **Keith A Hendee**  
STREET ADDRESS **2601 E Oakland Park Blvd.**  
CITY-ST-ZIP **Fort Lauderdale FL 33306**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Keith A. Hendee*