


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90019 026 ****61.25

0044675

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707215					
1. Corporation Name THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.					
Principal Place of Business 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442			Mailing Address 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/29/1964 4. FEI Number 59-1086555 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MINENNA, MICHAEL 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME TD MINENNA, MICHAEL STREET ADDRESS 2059 SW 17TH PLACE CITY-ST-ZIP DEERFIELD BCH. FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME D ENID KRAZE 1.3 STREET ADDRESS 4100 CRYSTAL LAKE DR. #402 1.4 CITY-ST-ZIP POMPANO BCH, FL		
TITLE <input checked="" type="checkbox"/> DELETE NAME D DANIELS, RALPH STREET ADDRESS 4011 NW 7TH AVE CITY-ST-ZIP POMPANO BCH. FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME P KOLESKY, EILEEN STREET ADDRESS 1407 NE 28TH COURT CITY-ST-ZIP POMPANO BCH FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SD LAMB, CATHERINE STREET ADDRESS 770 SE 2ND AVE E107 CITY-ST-ZIP DEERFIELD FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D CIUTTI, KAY STREET ADDRESS 4502 N FEDERAL HWY CITY-ST-ZIP LIGHTHOUSE PT FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D BROKAW, MARGARET STREET ADDRESS 1365 S CYPRESS RD CITY-ST-ZIP POMPANO BCH FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Minenna* **REQUIRE MICHAEL MINENNA 2-8-99 984 422-1583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #