

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 707215	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1086555** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MINENNA, MICHAEL 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442		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 *X* _____
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, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MINENNA, MICHAEL	NAME	
STREET ADDRESS	2059 SW 17TH PLACE	STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KOLESKY, EILEEN	NAME	
STREET ADDRESS	1407 NE 28TH COURT	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LAMB, CATHERINE	NAME	
STREET ADDRESS	770 SE 2ND AVE E107	STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MAZZUCA, LEONA	NAME	
STREET ADDRESS	4304 NW 9TH AVE #8	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BROKAW, MARGARET	NAME	
STREET ADDRESS	1365 S CYPRESS RD	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. 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 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 changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: *X Michael Minenna* **MICHAEL MINENNA** **4-25-05** **954-477-1583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #