

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90110 037 ****61.25

DOCUMENT # 707215

1. Entity Name
THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.



Principal Place of Business
**1801 NE 6 ST
 POMPANO BEACH, FL 33064**

Mailing Address
**P.O. BOX 55717
 LIGHTHOUSE POINT, FL 33064**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

4. FEI Number
59-1086555

Applied For
 Not Applicable

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

06012007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**RUHL, CAROL A
 4965 SABAL PALM BLVD #210
 TAMARAC, FL 33319**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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	V	<input type="checkbox"/> Delete
NAME	ALBA, ROSEMARY	
STREET ADDRESS	5356 GATE LAKE ROAD	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOLESKY, EILEEN	
STREET ADDRESS	1407 NE 28TH COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WESTIN, EUNICE	
STREET ADDRESS	1044 NEW PORT N	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUHL, CAROL A	
STREET ADDRESS	4965 SABAL PALM BLVD #210	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROKAW, MARGARET	
STREET ADDRESS	136 S CYPRESS RD	
CITY-ST-ZIP	POMPANO BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of 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: *Carol Ruhl, Treasurer* **5/31/07** **954-970-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #