


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 011 ****61.25

DOCUMENT # 713360			
1. Entity Name BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.			
Principal Place of Business 12794 WEST FOREST HILL BOULEVARD 28-B WELLINGTON, FL 33414 US		Mailing Address 12794 WEST FOREST HILL BOULEVARD 28-B WELLINGTON, FL 33414 US	
2. Principal Place of Business - No P.O. Box # 7154 N. University Dr Suite, Apt. #, etc. # 261 City & State Tamarac FL Zip 33321 Country USA		3. Mailing Address 7154 N. University Dr Suite, Apt. #, etc. # 261 City & State Tamarac FL Zip 33321 Country USA	
4. FEI Number 59-2249854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKINSON, CINDY 12794 WEST FOREST HILL BOULEVARD 28-B WELLINGTON, FL, FL 33414		7. Name and Address of New Registered Agent Name Laura Silverman Street Address (P.O. Box Number is Not Acceptable) 7154 N. University Dr # 261 City Tamarac FL Zip Code 33321	
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 <i>Laura Silverman</i> Executive Director Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/12/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, BOB 1141 S.E. 2ND AVENUE FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAVNSNER, JOHN 2385 EXECUTIVE CENTER DRIVE #100 BOCA RATON, FL 33431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAVNSNER, JOHN 2385 EXECUTIVE CENTER DRIVE #100 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SY HAGER, JULIE 7 S.W. 11TH COURT FT. LAUDERDALE, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WINSTON, ANDREW 2701 W. OAKLAND PARK BLVD. #100 OAKLAND PARK, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE JAFFE, STEVE 150 W. FLAGLER STREET - SUITE 2700 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WILKINSON, CINDY 12794 WEST FOREST HILL BOULEVARD, SUITE 28 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Silverman 7154 N. University Dr # 261 Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 <i>Laura Silverman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

