

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
'Secretary of State'
DIVISION OF CORPORATIONS

FILED
Aug 07 1997 8:00 am
Secretary of State

DOCUMENT # **716938** (6)
1. Corporation Name
BROWARD ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
3820 NORTHWEST 5TH COURT FT. LAUDERDALE FL 33311 **3820 NORTHWEST 5TH COURT FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified **07/30/1969** 3a. Date of Last Report **05/01/1995**
4. FEI Number **51-0178467** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**ALLEN, W. GEORGE, ESQ.
116 SOUTHEAST 6TH COURT
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	COX, TIMOTHY
STREET ADDRESS	551 NW 39TH AVE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MCKENZIE, LIPTON
STREET ADDRESS	3820 NW 5TH CT
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	RUSH, LESTEEN
STREET ADDRESS	637 NW 39 AVE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARNO, KATHLYN
STREET ADDRESS	3789 N.W. 5TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WIMBERLY, JOHN
STREET ADDRESS	3221 NW 5TH ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STOKES, JOYCE
STREET ADDRESS	3821 N.W. 6TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENE, JACOB
1.3 STREET ADDRESS	621 N.W. 39th AVE
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COX, TIMOTHY.
2.3 STREET ADDRESS	551 N.W. 39th AVE
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMPBELL, ANNE
3.3 STREET ADDRESS	621 N.W. 39th AVE
3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREENE, Yvonne
4.3 STREET ADDRESS	621 N.W. 39th AVE.
4.4 CITY - ST - ZIP	FT. LAUD., FLA. 33311
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002265688
5.3 STREET ADDRESS	-08/13/97--01020--009
5.4 CITY - ST - ZIP	***62.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002265688
6.3 STREET ADDRESS	-08/13/97--01020--010
6.4 CITY - ST - ZIP	***8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jacob Greene* Jacob Greene Date: *July 24, 1997* 587-5671
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)