SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716938

1. Corporation Name

BROWARD ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3820 NORTHWEST 5TH COURT FT. LAUDERDALE FL 33311 3820 NORTHWEST 5TH COURT FT. LAUDERDALE FL 33311

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90010 021 ****61.25

3. Date Incorporated or Qualifed



21		26						07/30/1969			
Suite, Apt.	¥, etc.		Suite, Apt. #, etc.					4. FEI Number		Арр	lied For
22		27						51 - 0178 <u>467</u>		Not	Applicable
City & State	•		City & State					5. Certificate of Status Desired		\$8.75 A	
23		28					\perp	- Cormodic of States Booked		Fee Rec	uired
Zip	Country		Zip	Count	ry		1	6. Election Campaign Financing		\$5.00 r	,
24	25 29 30							Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Regi	stered Agent		<u> </u>	N1		10. Name and Address of New I	Registered A	tgent	-
				8	1	Name					
ALLEN, W. GEORGE, ESQ.					82 Street Address (P.O. Box Number is Not Acceptable)						
116 SOUTHEAST 6TH COURT					1			<u> </u>			
FT. LAUDERDALE FL 33301					3						
				8	4	City				85 Zip C	ode
								A:	<u> </u>		
11. Pursuant t	to the provisions of Sections 617.0502 agistered agent, or both, in the State of	and	617.1508, Florida Statutes,	the abo	ve-	-nameticom he comorati	pora ion's	tion submits this statement for the board of directors. I hereby acce	purpose of o	thanging its required	egisterea istered
agent. I ar	n familiar with, and accept the obligation	ons o	f, Section 617.0503, Florida	Statute	98.			// 1.1	7	do	2
SIGNATURE	Jacob Greene, Presi	nt _		_ (100	<u>D</u>	1/Kelne	_///	7/77	<u> </u>	
	Jacob Greene, Presi Signature, typed or printed name of registered agent			ent	significant require	ed.wh		DATE	<u>V</u>	OC IN 12	
12.	OFFICERS AND	DIR		13.		/		ADDITIONS/CHANGES TO OF	FILERS AN	Change	Addition
TITLE	P		☐ DELETE	1.1 TITLE						☐ Change	
NAME	GREENE, JACOB			1.2 NAME							
STREET ADDRESS	621 NW 39TH AVENUE			1.3 STRE	ET/	ADDRESS					ļ
CITY-ST-ZIP	FT. LAUDERDALE FL 33311				1.4 CITY-ST-ZIP					Change	Addition
TITLE	V □ DELETE				2.1 TITLE					☐ Criange	
NAME	COX, TIMOTHY			2.2 NAME							
STREET ADDRESS	551 NW 39TH AVENUE			b .		ADDRESS					
CITY+ST-ZIP	FT. LAUDERDALE FL 33311			2. 4 CITY		-ZIP				Change	Addition
TITLÉ	S		☐ DELETE	3.1 TITLE						change	
NAME	GREENE, YVONNE			3.2 NAME		ļ					
STREET ADDRESS	621 NW 39TH AVE					ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			3.4. CITY		-ZIP				Change	Addition
TITLE	D		☐ DELETE	4.1 TITLE						□ cuange	
NAME	BARNO, KATHLYN			4. 2 NAM							}
STREET ADDRESS	3789 N.W. 5TH STREET					ADDRESS					ļ
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY	_	ZIP				Change	Addition
TITLE	T		☐ DELETE	5.1 TITLE 5.2 NAME						□ change	
NAME	WIMBERLY, JOHN					ADDOCEC					-
STREET ADORESS	3221 NW 5TH ST			•		ADORESS			•		
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY- 6.1 TITLE		-217				Change	Addition
TITLE	D		☐ DELETE			ĺ				□ Change	
NAME	STOKES, JOYCE			6.2 NAME							
STREET ADDRESS	3821 N.W. 6TH STREET					ADDRESS)					}
CITY-ST-ZIP	ft. Lauderdale fl			6.4 CITY	-ST-	-ZIP					

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 tractee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13/if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNADARE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 (954)457-2510 Date Daysime Phone # CR2E037 (5/99