


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 030 ****70.00

DOCUMENT # 717192 1. Entity Name BROWARD SHELL CLUB, INC.	
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Principal Place of Business 1801 N.E. 6TH ST. POMPANO BEACH, FL 33061 US	Mailing Address BROWARD-SHELL CLUB, INC. P. O. BOX 10146 POMPANO BEACH, FL 33061 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1841362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DISKIN, ANDREA 4428 NW 20TH STREET COCONUT CREEK, FL 33066

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

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P BUKSTEL, MARY
STREET ADDRESS	1172 SW 14TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VD PACE, BOB
STREET ADDRESS	7405 SW 128TH CT
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	T DISKIN, ANDREA
STREET ADDRESS	4428 NW 20TH STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	<input type="checkbox"/> Delete
NAME	SD HARVEY, CAROLYN
STREET ADDRESS	1012 N OCEAN BLVD #509
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	CS STRANBRIDGE, HEATHER
STREET ADDRESS	309 SW 20TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
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 checked="" type="checkbox"/> Addition
NAME	<i>Vice President</i>
STREET ADDRESS	<i>Richard Sedlak</i>
CITY-ST-ZIP	<i>103 NE 30th Ct. Wilton Manors, FL 33334</i>
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 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: _____ *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date *1/21/08* Daytime Phone # *954-489-4000 7877*