

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# 717192

Entity Name: BROWARD SHELL CLUB, INC.

Current Principal Place of Business:

1801 N.E. 6TH ST.
POMPANO BEACH, FL 33061 US

New Principal Place of Business:

Current Mailing Address:

BROWARD-SHELL CLUB, INC.
P. O. BOX 10146
POMPANO BEACH, FL 33061 US

New Mailing Address:

FEI Number: 59-1841362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DISKIN, ANDREA
4428 NW 20TH STREET
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUKSTEL, MARY
Address: 1172 SW 14TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: SEDLAK, RICHARD
Address: 103 NE 30TH CT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T () Delete
Name: DISKIN, ANDREA
Address: 4428 NW 20TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: HARVEY, CAROLYN
Address: 1012 N OCEAN BLVD #509
City-St-Zip: POMPANO BEACH, FL 33062

Title: CS () Delete
Name: STRANBRIDGE, HEATHER
Address: 309 SW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ALVO, ELAINE
Address: 9907 PINELLAS PARK ROAD
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA DISKIN

T

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date