


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 004 ****70.00

DOCUMENT # 732795	
1. Entity Name BROWARD WORKMENS CIRCLE DEPARTMENT INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6 SYD BYKOF SKY Suite, Apt. #, etc. 112 BRITTANY C City & State DELRAY BEACH, FLORIDA Zip 33446 Country PALM BEACH		3. Mailing Address 112 BRITTANY C Suite, Apt. #, etc. 112 BRITTANY C City & State DELRAY BEACH, FLORIDA Zip 33446 Country PALM BEACH		4. FEI Number 59 -635507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

40094081

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SYD BYKOF SKY
Street Address (P.O. Box Number is Not Acceptable) 112 BRITTANY C
City DELRAY BEACH, FL Zip Code 33446

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)

Syd Bykofsky

5/15/06
DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYKOF SKY, SYD 112 BRITTANY C DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEINSTEIN SYLVIA 157 BRITTANY D DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, ERIC 153 SEWELL E DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARTIN 152 SEWELL E DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Syd Bykofsky

5/15/06 561-815-0179