

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90075 045 \*\*\*\*61.25

**DOCUMENT # 767848**

1. Entity Name

**BROWARD CONDOMINIUM AND COOPERATIVE  
ASSOCIATION, INC.**



Principal Place of Business

3363 SHERIDAN ST.  
SUITE #201  
HOLLYWOOD FL 33021  
US

Mailing Address

3363 SHERIDAN ST.  
SUITE #201  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2270551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, STEVEN A ESQ  
3363 SHERIDAN ST.  
SUITE #201  
HOLLYWOOD FL 33021

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD ☐ Delete  
NAME MASON, STEVEN  
STREET ADDRESS 3363 SHERIDAN STREET #201  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP ☐ Delete  
NAME BREZNICK, SAUL  
STREET ADDRESS 421 NE 14 AVE. #104  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE S ☐ Delete  
NAME DONALD, SUSAN  
STREET ADDRESS 181 NE 14 AVE. #24C  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Delete  
NAME ~~POSTMAN, MARIA~~  
STREET ADDRESS ~~8008 NW 30 STREET~~  
CITY-ST-ZIP ~~COOPER CITY FL 33024~~

TITLE ☒ Delete  
NAME JUDA, JOAN  
STREET ADDRESS 410 GOLDEN ISLES DR. #803  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Delete  
NAME SHAW, LOUIS  
STREET ADDRESS 400 LESLIE DRIVE #820  
CITY-ST-ZIP HALLANDALE FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S.T. GROVA, STEPHEN  
STREET ADDRESS 437 GOLDEN ISLES DRIVE  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Change ☒ Addition  
NAME D. IMPLIAZZO, CATHERINE  
STREET ADDRESS 601 Three Islands Blvd., APT 101  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Change ☒ Addition  
NAME D. STERNBERG, HOWARD A.  
STREET ADDRESS 7635 SOUTHAMPTON TERR. #415-C  
CITY-ST-ZIP TAMARAC, FL 33321

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

954 963 5900

Daytime Phone #