## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 14, 2005 8:00 am Secretary of State

03-14-2005 90074 049 \*\*\*\*61.25

	1. Entity Nam BROWAF	DOCUMENT # 767848  . Entity Name BROWARD CONDOMINIUM AND COOPERATIVE ASSOCIATION, INC.					0074 049 ****6	1.23	
	3363 SHERIDAN ST. 3363 SUITE #201 SUITE		Mailing Address 3363 SHERIDAN ST. SUITE #201 HOLLYWOOD, FL 33021	63 Sheridan St. Ite #201 Illywood, Fl 33021 US		4003130			
			3. Mailing Address						
ŀ			Suite, Apt. #, etc.		01052005 C	Chg-NP (	CR2E037 (10/03)		
	City & State		City & State		4. FEI Number 59-22705	51	1	plied For t Applicable	
	Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current Registered Agent			Name	7. Name and Ad	dress of New Reg	istered Agent		
	,	TEVEN A ESQ		Name Street Address (P.O. Box Number is Not Acceptable)					
	3363 SHERIDAN ST. SUITE #201 HOLLYWOOD, FL 33021				Great Addition (1.6. Do. National in Not Acceptable)				
			City				FL Zip Code	Э	
Ì	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 a							and accept	
l	the obligat	ions of registered agent.	i.						
l	SIGNATURE .								
		Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent signature re	equired when reinstating)		DATE		
	Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Trust Fund Contribu				\$5.00 May Be Make check payable to Florida Department of State				
Ì	10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS	AND DIRECTORS IN	10	
Ì	TITLE	PD	☐ Delete	TITLE					
l	NAME STREET ADDRESS	MASON, STEVEN 3363 SHERIDAN STREET #201		NAME			☐ Change	Addition	
	CITY-ST-ZIP	3000 CHERIDAN CHILLI #201		STREET ADDRESS			☐ Change		
ţ		HOLLYWOOD, FL 33021		STREET ADDRESS CITY-ST-ZIP			☐ Change		
ı	TITLE	HOLLYWOOD, FL 33021 VP	<b>⊠</b> Oelete				☐ Change		
П	NAME	VP BREZNICK, SAUL	<b>⊠</b> Oelete	CITY-ST-ZIP TITLE NAME				Addition	
	NAME STREET ADDRESS	VP BREZNICK, SAUL 421 NE 14 AVE.#104	<b>⊠</b> Oelete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS				Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	VP BREZNICK, SAUL 421 NE 14 AVE.#104 HALLANDALE, FL 33009		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	weether		☐ Change	Addition	
	NAME STREET ADDRESS	VP BREZNICK, SAUL 421 NE 14 AVE.#104	<b>™</b> Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	irector			Addition	
1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP BREZNICK, SAUL 421 NE 14 AVE.#104 HALLANDALE, FL 33009 S DONALD, SUSAN 181 NE 14 AVE. #24C		CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	irector		☐ Change	Addition	
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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.

ATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**