
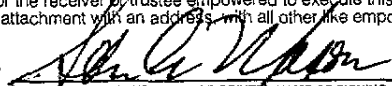


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01062006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2270551		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MASON, STEVEN A ESQ 3363 SHERIDAN ST. SUITE #201 HOLLYWOOD, FL 33021		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, STEVEN 3363 SHERIDAN STREET #201 HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD, SUSAN 181 NE 14 AVE. #24C HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ IMPLIAZZO, CATHERINE 604 THREE ISLANDS BLVD., APT. 404 HALLANDALE, FL 33000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T STERNBERG, HOWARD A 7635 SOUTHAMPTON TERR., #415-C TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		



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02/06/06-80016-006 61.25

**DO NOT WRITE
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