2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 767848

Entity Name: BROWARD CONDOMINIUM AND COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

3363 SHERIDAN ST.
SUITE #201
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3363 SHERIDAN ST.
SUITE #201
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2270551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, STEVEN A ESQ
3363 SHERIDAN ST.
SUITE #201
HOLLYWOOD, FL 33021 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: PD ( ) Delete
Name: MASON, STEVEN
Address: 3363 SHERIDAN STREET #201
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Delete
Name: DONALD, SUSAN
Address: 181 NE 14 AVE. #24C
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Delete
Name: STERNBERG, HOWARD A
Address: 7635 SOUTHHAMPTON TERR., #415-C
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete
Name: TABAS, JEROME
Address: 1835 E HALLANDALE BCH BLVD #702
City-St-Zip: HALLANDALE, FL 33009

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: ( ) 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: STEVEN A. MASON PRES 02/25/2009

Electronic Signature of Signing Officer or Director — Date