

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90526 042 ****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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>TITLE PD NAME MASON, STEVEN STREET ADDRESS 3363 SHERIDAN STREET #201 CITY-ST-ZIP HOLLYWOOD FL 33021</p> <p>TITLE VP NAME BREZNICK, SAUL STREET ADDRESS 421 NE 14 AVE. #104 CITY-ST-ZIP HALLANDALE FL 33009</p> <p>TITLE S NAME DONALD, SUSAN STREET ADDRESS 181 NE 14 AVE. #24C CITY-ST-ZIP HALLANDALE FL 33009</p> <p>TITLE T NAME POSTMAN, MARIA STREET ADDRESS 8998 NW 39 STREET CITY-ST-ZIP COOPER CITY FL 33024</p> <p>TITLE D NAME JUDA, JOAN STREET ADDRESS 410 GOLDEN ISLES DR. #803 CITY-ST-ZIP HALLANDALE FL 33009</p> <p>TITLE D NAME SHAW, LOUIS STREET ADDRESS 400 LESLIE DRIVE #820 CITY-ST-ZIP HALLANDALE FL 33009</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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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.

SIGNATURE: _____

Signature of Steven A. Mason

1/17/03 (954)963-5900

CR2E037 (10/02)