

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

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90018 047 \*\*\*\*61.25

**DOCUMENT # 769796**

1. Entity Name

**SENIORS FOUNDATION OF N.W. BROWARD, INC.**



Principal Place of Business

**6009 N.W. 10TH STREET  
MARGATE FL 33063**

Mailing Address

**6009 N.W. 10TH STREET  
MARGATE FL 33063**

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

**59-2340046**

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

**GOLDNER, BENJAMIN, ESQ.  
11785 ROYAL PALM BLVD  
CORAL SPRINGS FL 33065**

**8500 ROYAL PALM BLVD  
C 534**

**CORAL SPRINGS FL 33065**

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

*Benjamin Goldner*

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 **D** ☐ Delete  
NAME **JABLON, SCOTT DR**  
STREET ADDRESS **7332 ATLANTIC BLVD**  
CITY - ST - ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete  
NAME **TRVBOW, WARREN**  
STREET ADDRESS **7867 GOLF CIRLCE DR**  
CITY - ST - ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete  
NAME **GOLDNER, NORA**  
STREET ADDRESS **11785 ROYAL PALM BLVD.**  
CITY - ST - ZIP **POMPANO BEACH FL 33065**

TITLE **ST** ☐ Delete  
NAME **BROOKS, ROBERT L**  
STREET ADDRESS **9022 NW 28TH DR, #306**  
CITY - ST - ZIP **CORAL SPRINGS FL 33065**

TITLE **P** ☐ Delete  
NAME **COLTON, SCOTT**  
STREET ADDRESS **10920 SW 10TH STREET**  
CITY - ST - ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ Delete  
NAME **HAMILTON, STACEY**  
STREET ADDRESS **6810 SW 7TH ST.**  
CITY - ST - ZIP **POMPANO BEACH FL 33065**

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  
STREET ADDRESS  
CITY - ST - ZIP

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

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

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:

*Robert Brooks Sec Secs*

**3/11/04**

**904 977-9505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #