

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000995

FILED
Apr 08, 2011
Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF BROWARD, INC.

Current Principal Place of Business:

8930 STATE ROAD 84, NO. 316
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84, NO. 316
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0997135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLONICK, LINDA M
8930 STATE ROAD 84, NO. 316
DAVIE, FL 33324 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: D
Name: KRAMER, HOWARD
Address: 941 SW 88 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: MILLER, PAUL
Address: 4400 N FEDERAL HIGHWAY, STE. 210
City-St-Zip: BOCA RATON, FL 33431

Title: P
Name: BALCOM, THOMAS
Address: 1970 NE 31 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: IPP
Name: HURST, STEVEN
Address: 7442 MCKINLEY STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: ED
Name: WOLONICK, LINDA M
Address: 9662 RIDGECREST COURT
City-St-Zip: DAVIE, FL 33328

Title: PE
Name: SANEHOLTZ, MATTHEW
Address: 1000 S. PINE ISLAND ROAD, STE. 250
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: LINDA M. WOLONICK

ED

04/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date