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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #Corporation Name N00169

(5)

BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF W OMEN BUSINESS OWNERS, INC.

Mailing Address Principal Place of Business 8362 PINES BLVD 8362 PINES BLVD 3. Date Incorporated or Qualified #247 PEMBROKE PINES FL 33024 12/05/1983 PEMBROKE PINES FL 33024 Applied For Not Applicable NOT APPLICABLE 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 2601 E Oakland Prk Blvd Suite, Apt. #, etc. 21 2601 E Oakland Park Bl Fee Required \$5.00 May Be Suite, Apt. #, etc 6. Election Campaign Financing 22 #502 Trust Fund Contribution Added to Fees #502 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Oakland Park Oakland Park, FL ☐ Yes No. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip 24 33306 25 Broward 33306 30 Broward 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WEINER, LAURA R., CPA Street Address (P.O. Box Number is Not Acceptable) 2601 E OAKLAND PARK BLVD 83 SUITE 502 FORT LAUDERDALE FL 33306 Zip Code 84 City 65 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE PD NAME SHEILA KATZ 1.2 NAME Carolyn Zaumeyer 1009 DELEARY BLVD 361 STREET ADDRESS 1.3 STREET ADDRESS 4540 N Federal Highway PLANTATION FI CITY-ST-7IP 1.4 City - ST - ZIP Fort Lauderdale, Change Addition DELETE 2.1 TITLE TITLE **CAROLYN ZAUMEYER** 22 NAME Theresa Pantanella 2.3 STREET ADDRESS 4540 N FEDERAL HWY STREET ADDRESS 1402 E Las Olas Blvd #507 FT LAUDERDALE FL Fort Lauderdale, FL 33301 thange 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE SD THERESA PANTANELLA 3.2 NAME NAME Susan Leventhal 1402 E LAS OLAS BLVD 507 3.3 STREET ADDRESS STREET ADDRESS 242 Wildwood Lane East FT LAUDERDALE FL 3.4. CITY-ST-ZIP Deerfield Beach, FL 33442 Change CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE RIDGLEY, PEGGY 4. 2 NAME NAME Jill Elizabeth Mendel 3945 AFFEDERAL HWY 4.3 STREET ADDRESS STREET ADDRESS 2509 N Andrews Ave FY. LAUDERDALE FC 4.4 CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, FL 333111Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 23 1998 8:00am

Secretary of State