

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90237 045 ****61.25

DOCUMENT # N01000003442

1. Entity Name

BROWARD SCHUTZHUND CLUB, INC.



Principal Place of Business

~~7480 EATON ST
HOLLYWOOD FL 33024~~

Mailing Address

~~7480 EATON ST
HOLLYWOOD FL 33024~~

14021000



MOORE

CR2E037 (11/03)

2. Principal Place of Business

2240 Shotgun Road

3. Mailing Address

2240 SW 154 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33326

Country

Zip

33326

Country

4. FEI Number

65-1121703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~ALEXANDER, MARY
7480 EATON ST
HOLLYWOOD FL 33024~~

7. Name and Address of New Registered Agent

Name **Miriam Barkus**
Street Address (P.O. Box Number is Not Acceptable)
2240 Shotgun Road

City **Davie**

FL

Zip Code

33326

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

Miriam Barkus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**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 **PD** ☐ Delete
NAME **BARKUS, MIRIAM**
STREET ADDRESS **2240 SW 154 AVE**
CITY-ST-ZIP **DAVIE FL 33326**

TITLE **VD** ☐ Delete
NAME **BOSSART, CINDI**
STREET ADDRESS **1630 E OAKLAND PARK BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **SD** ☒ Delete
NAME **WITTLE, DEAN**
STREET ADDRESS **7480 EATON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **TD** ☒ Delete
NAME **ALEXANDER, MARY**
STREET ADDRESS **7480 EATON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SO** ☒ Change ☐ Addition
NAME **Ron Van Heusen**
STREET ADDRESS **18832 SW 55th St.**
CITY-ST-ZIP **Miramar FL 33029**

TITLE **TD** ☒ Change ☐ Addition
NAME **Sara Donadei-Blood**
STREET ADDRESS **7910 Kimberly Blvd.**
CITY-ST-ZIP **North Lauderdale FL 33064**

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: *Sara Donadei-Blood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara Donadei-Blood, Treasurer

Date

Daytime Phone #

4/22/04 0419

954-726-