

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 025 ****61.25

DOCUMENT # N01000003442						
1. Entity Name BROWARD SCHUTZHUND CLUB, INC.						
Principal Place of Business 2240 SHOTGUN ROAD DAVIE, FL 33326			Mailing Address 2240 SHOTGUN ROAD DAVIE, FL 33326			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-1121703		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARKUS, MIRIAM 2240 SHOTGUN ROAD DAVIE, FL 33326				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			
TITLE PD	NAME BARKUS, MIRIAM		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2240 SW 154 AVE	CITY-ST-ZIP DAVIE, FL 33326			NAME	STREET ADDRESS VD DENNIS J. CARDINALE 1713 N.W. 91 AVENUE PLANTATION, FL 33322	
TITLE VD	NAME BOSSART, CINDI		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1630 E OAKLAND PARK BLVD	CITY-ST-ZIP FT LAUDERDALE, FL 33334			NAME	STREET ADDRESS SD DENNIS J. CARDINALE 1713 N.W. 91 AVENUE PLANTATION, FL 33322	
TITLE SD	NAME PIANIN, HERBERT		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3081 NE 15 TERR	CITY-ST-ZIP FORT LAUDERDALE, FL 33334			NAME	STREET ADDRESS TD MERRY, LISA M 14410 FAIRFAX PL FORT LAUDERDALE, FL 333256326	
TITLE TD	NAME MERRY, LISA M		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14410 FAIRFAX PL	CITY-ST-ZIP FORT LAUDERDALE, FL 333256326			NAME	STREET ADDRESS TD MERRY, LISA M 14410 FAIRFAX PL FORT LAUDERDALE, FL 333256326	
TITLE 	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lisa M. Merry</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LISA M. MERRY		Date 4/28/07 Daytime Phone # (954) 475-0787	