

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90032 026 ****61.25

DOCUMENT # N02000004937

1. Entity Name
BROWARD COUNTY LANDLORDS ASSOCIATION INC.



Principal Place of Business
**8295 NW 8 PL
CORAL SPRING, FL 33071**

Mailing Address
**8295 NW 8 PL
CORAL SPRING, FL 33071**

50017775



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0093319

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

**PRIZE, ALEX
8295 NW 8 PL
CORAL SPRING, FL 33071**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRIZE, ALEX
STREET ADDRESS 8295 NW 8 PL
CITY-ST-ZIP CORAL SPRING, FL 33071 ☐ Delete

TITLE **PST D**
NAME **Prize, Alex**
STREET ADDRESS **8295 NW 8 PL**
CITY-ST-ZIP **Coral Spring, FL 33071** ☒ Change ☐ Addition

TITLE VD
NAME SHARF, DENISE C
STREET ADDRESS 4440 NW 65 STREET
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☐ Delete

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

TITLE STD
NAME PRIZE, IRIT
STREET ADDRESS 8295 NW 8 PL
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Delete

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

TITLE D
NAME BESTENI, ALBY
STREET ADDRESS 4440 NW 65 STREET
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Alex Prize*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX PRIZE

02-17-05

Date

Daytime Phone #

954 753 6052