2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N0400003052



Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90014 006 ****61.25

FILED

1. Entity Name EXECUTIVE WOMEN'S GOLF ASSOCIATION OF BROWARD COUNTY, INC.									02-	22-200	7 9001	4 000	01	1.23		
1161 SE 9 AVENUE PO B		PO BOX	ng Address BOX 11376 AUDERDALE, FL 33339-1376													
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing	Address		<u>.</u> .										
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				02192007	Ch	g-NP	c	R2E00	37 (12/08	6)		
City & State		City &	City & State				4. FEI Num. 20-16	ber 1261	6					ied For Applicable		
Zip	Country Zip		Zip	Cour		ıntry	5. Certificate of S			Status Desired				8.75 Additional ee Required		
	6. Name	and Address of Current I	Registered /	\gent				7. Name an	nd Addı	ress of No	ew Regi	stered /	Agent			
DEDDY D		20				Name										
PERRY, DIANE M ESQ. 2455 EAST SUNRISE BLVD., STE. 905 FT. LAUDERDALE, FL 33304				Street Address			ress (P.	.O. Box Num	ber is N	lot Accep	table)					
11. 01001		1 2 30304				Cib							Zio C	'ada		
						City						FL	Zip C	ode		
	named entit ions of regist	y submits this statement for tered agent.	the purpose	of changing its	register	ed office or reg	gistere	d agent, or b	oth, in	the State	of Florida	a. Iam	familiar w	ith, an	nd accept	
SIGNATURE.	Signature typed	or printed name of registered agent a			_											
		or printed hame or registered agent t	апо тие и арриса	bie. (NOTE	: Registere	d Agent signature re	required w	vhen reinstating)				DATE				
	Filing Fe	e is \$61.25 lay 1, 2007	апо тие и арриса	9. Election Carr Trust Fund C	paign F	inancing _		\$5.00 May Added to Fee				o chec	k payabl tment o		te	
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12. Thereby 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.