


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90014 006 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N04000003052 1. Entity Name EXECUTIVE WOMEN'S GOLF ASSOCIATION OF BROWARD COUNTY, INC. | | | |  | |
| Principal Place of Business 1161 SE 9 AVENUE POMPAHO, FL 33060-9511 | | | Mailing Address PO BOX 11376 FT. LAUDERDALE, FL 33339-1376 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02192007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-1612616 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PERRY, DIANE M ESQ. 2455 EAST SUNRISE BLVD., STE. 905 FT. LAUDERDALE, FL 33304 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P LADIG, DEBRA 1161 SE 9TH AVENUE POMPAHO, FL 330609511 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT - P DIANE PERRY 2455 E. SUNRISE BLVD Suite 905 FT. LAUDERDALE FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PERRY, DIANE 2455 EAST SUNRISE BLVD., SUITE 905 FT. LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRES - V Stephanie Hartman 401 SW FOURTH AVE FT. LAUDERDALE FL 33315 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARSTOW, REBECCA 9254 GREENBRIER COURT DAVIE, FL 33328 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer - T KAREN POST 1536 CORONADO ROAD WESTON FL 33327 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 2/16/07 Daytime Phone # 954 4394580 | | |