## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 31, 2008 8:00 am Secretary of State DOCUMENT # N04000005471 03-31-2008 90014 004 \*\*\*\*70.00 BIRD LOVERS CLUB, INC. Principal Place of Business Mailing Address **2261 SW 87TH AVENUE** 2261 SW 87TH AVENUE DAVIE, FL 33324 US DAVIE, FL 33324 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3088 LAKESHORE DRIVE 3088 LAKESHORE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chq-NP CR2E037 (12/06) 4. FEI Number 20-1187616 City & State City & State Applied For Deerfield Beach Deerfield Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEROLA PALUMBO, DOMENICK Street Address (P.O. Box Number is Not Acceptable) **2261 SW 87TH AVENUE DAVIE, FL 33324** Deer Field Beach 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 AIAN MEROLA Pres Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE NAME MEROLA, ALAN NAME STREET ADDRESS 3088 LAKE SHORE DRIVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME **EFSTATHION, CARRIE** Randy Brimson 4500 POIK Street STREET ADDRESS 3400 SW 139 AVENUE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027\_---CITY-ST-ZIP- ~ HOILY-WOOD -FL 3302-TELLE Delete TILLE ☐ Change Jean Lee 6300 Palm TRACE Landing NAME PALUMBO, SUSAN NAME STREET ADDRESS **2261 SW 87TH AVENUE** STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** CITY-ST-ZIP DAVIE TITLE ☐ Delete TITLE Change ☐ Addition NAME WEISE, JANET NAME STREET ADDRESS **4500 POLK STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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