2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008499

FILED Mar 22, 2009 Secretary of State

Entity Name: THE HUNDRED CLUB OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

633 SO. ANDREWS AVE. SUITE 402

FORT LAUDERDALE, FL 33301

New Mailing Address: Current Mailing Address:

PO BOX 460058

FORT LAUDERDALE, FL 33346

FEI Number: 59-6155081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONARD, WILLIAM R 633 SO. ANDREWS AVENUE SUITE 402 FORT LAUDERDALE, FL 333012857 US

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.

SIGNATURE:

Name:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DANIELS, ANDREW BOTERO, NANCY Name:

2457 EAST COMMERCIAL BLVD Address: 110 E BROWARD BLVD - 7TH FLOOR Address:

City-St-Zip: FORT LAUDERDALE, FL 33308 US City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Delete Title: (X) Change () Addition BOTERO, NANCY Name: ERGON, PAUL Name:

Address: 111 E LAS OLAS 12 FLOOR Address: 777 SOUTH FEDERAL HIGHWAY

City-St-Zip: FORT LAUDERDALE, FL 33301 US City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: 2VP () Delete Title: 2VP (X) Change () Addition

ERGON, PAUL STEVENS, GAIL Name: Name: Address: 777 SOUTH FEDERAL HWY Address: 412 NE 4 STREET

City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HOLDEN SECY 03/22/2009