

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005141

FILED
Apr 30, 2009
Secretary of State

Entity Name: BROWARD HOUSING PARTNERSHIP INC.

Current Principal Place of Business:

512 N.E. 3RD AVENUE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

512 N.E. 3RD AVENUE
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-3254576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, ROGERS C
1401 E. BROWARD BLVD.
SUITE 300
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CYRIL, SPIRO S
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: VCD () Delete
Name: BARKETT, RICHARD
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D () Delete
Name: CARRAS, JIM
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: DAVIS, SHAUN
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: BELL, KEITH
Address: 100 SE 3RD AVE 100
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D (X) Delete
Name: WEISS, SUZANNE M
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SPIRO, CYRIL S
Address: 512 N.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEISS, SUZANNE M
Address: 512 NE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROMNEY C. ROGERS

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date