

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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009554

1. Entity Name
BROWARD LAKES BUILDING E & F ASSOCIATION, INC.



Principal Place of Business
**1003 SHOTGUN ROAD
SUNRISE, FL 33326**

Mailing Address
**1003 SHOTGUN ROAD
SUNRISE, FL 33326**



04182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4624442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO, FERNAN
1003 SHOTGUN ROAD
SUNRISE, FL 33326**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RESTREPO, FERNAN
STREET ADDRESS	1003 SHOTGUN ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	DV
NAME	MEJIA, CAROLINA
STREET ADDRESS	1003 SHOTGUN ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	DST
NAME	VALENCIA, FERNANDO
STREET ADDRESS	1003 SHOTGUN ROAD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80017-020 61.25

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IN THIS SPACE**

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernan Restrepo

4/18/07

Date

954-476-0813

Daytime Phone #