

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011479

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: NORTH BROWARD - PSTA, INC.

## Current Principal Place of Business:

7600 LYONS ROAD  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

7600 LYONS ROAD  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: 26-1487342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISHOP, CHRISTINE  
5008 NW 119TH TERRACE  
CORAL SPRINGS, FL 33076 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: P ( ) Delete  
Name: BERGER, HOPE  
Address: 7121 NW 65TH TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: T ( ) Delete  
Name: BISHOP, CHRISTINE  
Address: 5008 NW 119TH TERRECE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S ( ) Delete  
Name: TABRIS, PATTI  
Address: 8640 NW 56TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V ( ) Delete  
Name: SCHEMM, JANICE  
Address: 4932 NW 119TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V ( ) Delete  
Name: CLEARY, CHERYL  
Address: 7180 NW 62ND TERRACE  
City-St-Zip: PARKLWAND, FL 33067

Title: V ( ) Delete  
Name: PINNELL, KIMBERLY  
Address: 7111 NW 48TH WAY  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: CLEARY, CHERYL  
Address: 7180 NW 62ND TERRACE  
City-St-Zip: PARKLAND, FL 33067

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: CHRISTINE BISHOP

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date