

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13654

FILED
Mar 15, 2006
Secretary of State

Entity Name: BROWARD COUNTY LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1082
FT. LAUDERDALE, FL 33302

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1082
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0119974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBRIZIO, LORI
227 LAKEVIEW DRIVE
#203
WESTON, FL 33326 US

Name and Address of New Registered Agent:

POLLACK, NEIL
9341 NW 36TH PLACE
SUNRISE, FL 33351 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: NEIL POLLACK

03/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: POLLACK, NEIL
Address: 4600 S.W. 82 AVENUE
City-St-Zip: DAVIE, FL 33328

Title: PD () Delete
Name: LINDENFELD, ELLEN
Address: 16835 SHERIDAN ST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: S () Delete
Name: DRAPER, WAYNE
Address: 100 S. ANDREWS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete
Name: ALBRIZIO, LORI
Address: 227 LAKEVIEW DRIVE #203
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: RUSSO, CAROL
Address: 2600 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: MAYS-POLLACK, MARGARET
Address: 4600 SOUTHWEST 82ND AVENUE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL POLLACK

VD

03/15/2006

Electronic Signature of Signing Officer or Director

Date