

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90040 015 ****61.25

DOCUMENT # N13654 1. Entity Name BROWARD COUNTY LIBRARY ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1082 FT. LAUDERDALE, FL 33302			Mailing Address P.O. BOX 1082 FT. LAUDERDALE, FL 33302		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0119974	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLACK, NEIL 9341 NW 36TH PLACE SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name MARIANA JOVANOVIĆ Street Address (P.O. Box Number is Not Acceptable) 2812 N 46 AVE, # 6-567 City HOLLYWOOD FL Zip Code 33021		
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 <u><i>Mariana Jovovic</i></u> DATE <u>3/10/07</u> <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLACK, NEIL 4600 S.W. 82 AVENUE DAVIE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, ELLEN 16835 SHERIDAN ST PEMBROKE PINES, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAPER, WAYNE 100 S. ANDREWS FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBRIZIO, LORI 227 LAKEVIEW DRIVE #203 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, CAROL 2600 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS-POLLACK, MARGARET 4600 SOUTHWEST 82ND AVENUE DAVIE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY ELLEN EUBANK 4205 BONAVENTURE BLVD WESTON, FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIANA JOVANOVIĆ 2812 N 46 AVE, # 6-567 HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>Mariana Jovovic</i></u>		3/10/07		954-357-7436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	