



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90021 037 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0119974				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOVANOVIC, MARIANA 2312 N 46 AVE #G567 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Mariana Jovanovic</u> DATE: <u>3/24/09</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 POLLACK, NEIL 4600 SW 82 AVE DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINDENFELD, ELLEN 16835 SHERIDAN ST PEMBROKE PINES, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATRICIA VENTURA 16835 SHERIDAN ST PEMBROKE PINES, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EUBANKS, MARY ELLEN 4205 BONAVENTURE BLVD WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOVANOVIC, MARIANA 1812 N 46 AVE G 567 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	 <input type="checkbox"/> Change <input 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>Mariana Jovanovic (MARIANA JOVANOVIC)</u> DATE: <u>3/24/08</u> (954) 382-5860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					