

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # **N15527** (7)

1. Corporation Name

NORTH BROWARD BAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1500 E ATLANTIC BLVD
STE B
POMPANO BCH FL 33060
US**

**1500 E ATLANTIC BLVD
STE B
POMPANO BCH FL 33060
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1986

3a. Date of Last Report
06/06/1996

4. FEI Number

APPROX FOR 65-0775391

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OATES, DANIEL E
1500 E ATLANTIC BLVD
STE B
POMPANO BCH FL 33060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **WALTERS, DONALD R. ESQ.**
STREET ADDRESS **2189 SE 9TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **PD** ☐ DELETE
NAME **OATES, DANIEL E**
STREET ADDRESS **1500 E ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE **TD** ☐ DELETE
NAME **BABEY, SANDRA J ESQ**
STREET ADDRESS **1401 UNIVERSITY DRIVE, SUITE 600**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **SD** ☒ DELETE
NAME **OATES, DANIEL ESQ**
STREET ADDRESS **1500 E ATLANTIC BLVD SUITE B**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Walters, Donald R., ESQ**
1.3 STREET ADDRESS **2189 SE 9TH Street**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Oates, Daniel E., ESQ**
2.3 STREET ADDRESS **1500 E Atlantic Blvd.**
2.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Babey, Sandra J, ESQ**
3.3 STREET ADDRESS **1401 University Drive, Suite 600**
3.4 CITY-ST-ZIP **Coral Springs, FL 33071**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Selbach, Jeffrey P., ESQ**
4.3 STREET ADDRESS **2401 E. Atlantic Blvd., Suite 400**
4.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sandra B. Northam

CR2E037 (4/97)