

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90216 022 ****61.25

DOCUMENT # N15527

1. Corporation Name

NORTH BROWARD BAR ASSOCIATION, INC.

Principal Place of Business

1500 E ATLANTIC BLVD
STE B
POMPANO BCH FL 33060
US

Mailing Address

1500 E ATLANTIC BLVD
STE B
POMPANO BCH FL 33060
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/19/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0775391

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME OATES, DANIEL E ESQ
STREET ADDRESS 1500 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
Oates, Daniel E ESQ
1500 E Atlantic Blvd
Pompapo Beach, FL 33060

Change Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
Babey, Sandra J Esq
1401 University Drive, Suite 600
Coral Springs, FL 33071

Change Addition

TITLE TD
NAME SELBACH, JEFFREY P ESQ
STREET ADDRESS 2401 E ATLANTIC BLVD #400
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD
Selbach, Jeffrey P Esq
2401 E Atlantic Blvd. #400
Pompapo Beach FL 33062

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TD
Schulte, Nemia L.
2335 E Atlantic Blvd. #300
Pompapo Beach, FL 33062

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

14. I 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, with all other like empowered.

SIGNATURE: *Jeffrey P Selbach* SIGNATURE REQUIRED: *Jeffrey P Selbach Secretary* 4/16/99 954-788-0028

CR2E037 (11/98)