



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90031 016 \*\*\*\*61.25

<b>DOCUMENT # N15527</b>					
<b>1. Entity Name</b> NORTH BROWARD BAR ASSOCIATION, INC.					
<b>Principal Place of Business</b> 10100 W SAMPLE RD STE 200 CORAL SPRINGS, FL 33065 US			<b>Mailing Address</b> 2189 S.E. 9TH STREET POMAPNO BEACH, FL 33062 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
<b>4. FEI Number</b> 65-0775391				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  OATES, DANIEL E 10100 W SAMPLE RD STE 200 CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> SNYDER, JENNIFER S <b>STREET ADDRESS</b> 20801 BISCAYNE BLVD. STE 501 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> ROMM, MICHAEL R <b>STREET ADDRESS</b> 2189 SE 9TH STREET <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> SCHUYLER, SHANNELL <b>STREET ADDRESS</b> 2401 E ATLANTIC BLVD STE 400 <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> GUINIA, PATRICK <b>STREET ADDRESS</b> 2189 SE 9TH ST <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>12. 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 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.</b>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/20/04 954-788-8500 <small>Date Daytime Phone #</small>	