

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 033 ****61.25

DOCUMENT # N15527

1. Entity Name
NORTH BROWARD BAR ASSOCIATION, INC.



Principal Place of Business
**6451 N. FEDERAL HIGHWAY
STE 806
FT. LAUDERDALE, FL 33308 US**

Mailing Address
**6451 N. FEDERAL HIGHWAY
STE 806
FT. LAUDERDALE, FL 33308 US**

2. Principal Place of Business - No P.O. Box #

1500 E. ATLANTIC

3. Mailing Address

1500 E. ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33060

Country

Zip

33060

Country

02182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

65-0775391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOUSE, STUART N
6451 N. FEDERAL HIGHWAY
STE 806
FT. LAUDERDALE, FL 33308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P FISHMAN, ALAN**
STREET ADDRESS **2301 W. SAMPLE RD. BLD. 4 STE 1A**
CITY-ST-ZIP **POMPANO BEACH, FL 33071**

TITLE ☐ Delete
NAME **VP HOUSE, STUART**
STREET ADDRESS **6451 N. FEDERAL HIGHWAY STE 806**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE ☐ Delete
NAME **T OATES, THOMAS D**
STREET ADDRESS **1500 EAST ATLANTIC BLVD, STE B**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THOMAS OATES

TREASURER

2/18/08

9549426500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #