

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90029 013 \*\*\*\*70.00

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>DOCUMENT # N19529</b><br>1. Entity Name<br><b>SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.</b>  |  |  |  |  |   |
| Principal Place of Business<br><b>5701 S.W. 82 AVE.</b><br><b>DAVIE, FL 33328 US</b>   |  |  | Mailing Address<br><b>5701 S.W. 82 AVE.</b><br><b>DAVIE, FL 33328 US</b>   |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  |  |   |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country   |  | 01052007    Chg-NP      CR2E037 (12/06)                |   |
| 4. FEI Number<br><b>65-0027616</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>                  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WEINBAUM, MARTIN</b><br><b>5701 SW 82 AVE.</b><br><b>DAVIE, FL 33028</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>SHARKEY, JOHN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5701 S.W. 82 AVE</b><br>City <b>DAVIE</b> <b>FL</b> Zip Code <b>33328</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.  |  |  |  |  |   |
| SIGNATURE <u><i>John Sharkey</i></u> <u>John Sharkey, Mgt Agent</u> <u>1/11/07</u><br><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><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                     |   |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |  |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GORDON, DECKELBAUM<br>6051 N. OCEAN DR, PENTHOUSE 5<br>HOLLYWOOD, FL 33019 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>WEINBAUM, MARTIN<br>5701 SW 82 AVE<br>FORT LAUDERDALE, FL 33328            | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | SD<br>STILLMAN, ERIC<br>5701 S.W. 82 AVE<br>DAVIE, FL 33328       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>LEVY, ALAN<br>75 ROYAL PALM DR<br>FORT LAUDERDALE, FL 33301                | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>TABATCHNICK, DREW<br>12101 NW 7TH ST<br>PLANTATION, FL 33325              | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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><i>Martin Weinbaum</i></u> <u>1/11/07</u> <u>954-4349666</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR DATE Daytime Phone #</small>   |  |  |  |  |   |