


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 003 ****70.00

DOCUMENT # N22649 1. Entity Name BROADVIEW COUNTRY CLUB ESTATES CIVIC ASSOCIATION	
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Principal Place of Business 1880 SW 62ND AVE POMPANO BEACH FL 33068-4520 US	Mailing Address 1560 SW 63RD AVE POMPANO BEACH FL 33068-4520 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State NORTH LAUDERDALE	City & State NORTH LAUDERDALE
Zip 33068	Country US



MOORE CR2E037 (11/03)

4. FEI Number 59-6215284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAZIOSE, GERALD J. 1560 SW 63RD AVE POMPANO BEACH FL 33068-4520	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City NORTH LAUDERDALE FL Zip Code
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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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAZIOSE, GERALD 1560 SW 63RD AVE POMPANO BEACH FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE 33068-4520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT 6201 S.W. 16 COURT POMPANO BEACH FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLYDE, JOYCE 6201 SW 18 CT POMPANO BEACH FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANNI, JANET 6286 SW 20 ST POMPANO BEACH FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAUL 6230 SW 16 CT POMPANO BEACH FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENER, JACK 5910 NW 41 TERRACE FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NORTH LAUDERDALE

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 an other like empowered.

SIGNATURE:  **1-30-04 754-321-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #