

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N33150** (6)  
1. Corporation Name

**CENTURY 21 NORTH BROWARD COUNCIL, INC.**



Principal Place of Business

Mailing Address

**10109 CLEARY BOULEVARD  
PLANTATION FL 33324**

**10109 CLEARY BOULEVARD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**07/07/1989**

3a. Date of Last Report

**07/24/1995**

2. Principal Place of Business

2a. Mailing Address

**21 7855 West Sample Road**

**26 2844 University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Coral Springs, FL**

**28 Coral Springs, FL**

Zip

Country

Zip

Country

**24 33065-4709**

**25 Broward**

**29 33065-1425**

**30 Broward**

4. FEI Number

**65-0150139**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINFIELD, MARIANNE L  
10109 CLEARY BLVD  
PLANTATION FL 33324**

**81 Name Elaine Kirkwood**

**82 Street Address (P.O. Box Number is Not Acceptable)  
7855 West Sample Road**

**83**

**84 City Coral Springs**

**FL**

**85 Zip Code  
33065-4709**

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 ☐ DELETE  
NAME **PD CROFT, TONY**  
STREET ADDRESS **5500 NORTH FEDERAL HIGHWAY**  
CITY - ST - ZIP **BOCA RATON FL 33487**

1.1 TITLE **VPD** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **VD COSBERG, HARVEY**  
STREET ADDRESS **1905 NORTH PINE ISLAND ROAD**  
CITY - ST - ZIP **PLANTATION FL 33322**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **SD REINHART, SCOTT**  
STREET ADDRESS **3251 NORTH FEDERAL HIGHWAY**  
CITY - ST - ZIP **BOCA RATON FL 33431**

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

TITLE ☒ DELETE  
NAME **TD WINFIELD, MARIANNE**  
STREET ADDRESS **10109 CLEARY BOULEVARD**  
CITY - ST - ZIP **PLANTATION FL 33324**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **SD Anna Gonzalez**  
5.3 STREET ADDRESS **2728 Davie Boulevard**  
5.4 CITY - ST - ZIP **Fort Lauderdale, FL 33312**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **TD Elaine Kirkwood**  
6.3 STREET ADDRESS **7855 West Sample Road**  
6.4 CITY - ST - ZIP **Coral Springs, FL 33065-4709**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Elaine Kirkwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-17-96

Date

(954)752-8900

Daytime Phone #

0009446

CR2E037 (3/96)