


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33150</b> 1. Entity Name CENTURY 21 NORTH BROWARD COUNCIL, INC.	
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Principal Place of Business 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071 US	Mailing Address 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071 US
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02132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0150139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KIRKWOOD, ELAINE 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASTASE, LLOYD 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANSEN, CHRISTINE 3010 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKWOOD, ELAINE 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071
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02/17/04-80017-010 61.25

**DO NOT WRITE  
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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.

**SIGNATURE:**  ELAINE P. KIRKWOOD 2-13-04 (954) 753-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #