

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N33150

1. Entity Name
CENTURY 21 NORTH BROWARD COUNCIL, INC.



Principal Place of Business
**722 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071 US**

Mailing Address
**722 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071 US**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0150139 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRKWOOD, ELAINE
722 RIVRSIDE DRIVE
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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.

01/11/06-80067-016 61.25

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NASTASE, LLOYD
STREET ADDRESS	722 RIVERSIDE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VPD
NAME	HANSEN, CHRISTINE
STREET ADDRESS	3010 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	TD
NAME	KIRKWOOD, ELAINE
STREET ADDRESS	722 RIVERSIDE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

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

ELAINE KIRKWOOD

1-6-N

(954) 753-6000

Date

Daytime Phone #