2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
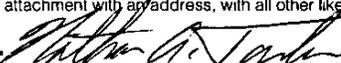
FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 015 ****61.25

DOCUMENT # N38944

1. Entity Name
BROWARD COUNTY GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 15127	P.O. BOX 15127
PLANTATION, FL 33318-5127 US	PLANTATION, FL 33318-5127 US

60002593

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062007   Chg-NP   CR2E037 (12/06)

4. FEI Number 65-0304731 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
GIRELLO, PAUL J 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME GIRELLO, PAUL J STREET ADDRESS 1641 N.W. 110TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33026	☐ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME HEAFY, CYNTHIA STREET ADDRESS 2801 CORAL SPRINGS DR CITY-ST-ZIP CORAL SPRINGS, FL 33065	☒ Delete	TITLE S NAME *SMITH, NAOMI BEHAR* STREET ADDRESS *P.O. Box 7315* CITY-ST-ZIP *FT. Lauderdale, FL 33338-7315*	☐ Change ☒ Addition
TITLE T NAME TARLER, NATHAN A STREET ADDRESS 9760 N.W. 16TH STREET CITY-ST-ZIP PLANTATION, FL 333224211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME VASSALLO, KRISTEN STREET ADDRESS 1371 S. OCEAN DRIVE CITY-ST-ZIP POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SKORNIA, SUE STREET ADDRESS 17506 NW 7TH ST CITY-ST-ZIP HOLLYWOOD, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME MARGULIS, STEPHEN STREET ADDRESS P O BOX 16282 CITY-ST-ZIP FORT LAUDERDALE, FL 33318	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 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: _*Nathan A. Tarler*_ NATHAN A. TARLER/Treas 10JAN'07 954-475-9760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #