

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38944

FILED
Mar 13, 2009
Secretary of State

Entity Name: BROWARD COUNTY GUARDIANSHIP ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 15127
PLANTATION, FL 333185127 US

New Principal Place of Business:

841 SW 72ND AVENUE
PLANTATION, FL 33317 US

Current Mailing Address:

P.O. BOX 15127
PLANTATION, FL 333185127 US

New Mailing Address:

FEI Number: 65-0304731 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GIRELLO, PAUL J
1641 N.W. 110TH TERRACE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MACKEY, BONNIE L
Address: 2699 STIRLING RD B205
City-St-Zip: FORT LAUDERDALE, FL 333126543

Title: VP () Delete
Name: SMITH, TODD
Address: POB 7315
City-St-Zip: FORT LAUDERDALE, FL 333387315

Title: S () Delete
Name: LEWIS, SUZANNE B
Address: POB 24824
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: D () Delete
Name: VASSALLO, KRISTEN
Address: 1371 S. OCEAN DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SKORNIA, SUE
Address: 17506 NW 7TH ST
City-St-Zip: HOLLYWOOD, FL 33029

Title: P () Delete
Name: MARGULIS, STEPHEN
Address: P O BOX 16282
City-St-Zip: FORT LAUDERDALE, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE MACKEY

T

03/13/2009

Electronic Signature of Signing Officer or Director

Date