

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N39387

FILED  
Dec 12, 2006  
Secretary of State

Entity Name: SEMINOLE CLUB OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

PO BOX 030314  
P. O. BOX 030314  
FT LAUDERDALE, FL 33303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 030314  
FT LAUDERDALE, FL 33303 US

**New Mailing Address:**

FEI Number: 65-0208659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPAULDING, LINDA R  
CONRAD, SCHERER, JAMES & JENNE  
633 S. FEDERAL HIGHWAY, 8TH FL.  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

WATSON, MICHAEL R  
RODRIGUEZ, KINZBRUNNER, CONIGLIO & WATSON  
4801 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

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: MICHAEL WATSON

12/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DETRICK, KAREN A  
Address: 5447 NW 59 PLACE  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: VITALE, RANDALL  
Address: 3002 NE 5TH TERR #8-215  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: DELPINO, GEORGE  
Address: 22179 MARTELLA AVENUE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HAGGERTY, MICHAEL  
Address: 2611 EAST OAKLAND PARK BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL

Title: TREA (X) Change ( ) Addition  
Name: WATSON, MICHAEL R  
Address: 4801 S. UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: SECY (X) Change ( ) Addition  
Name: WESTERGOM, ANDREA  
Address: 1515 S FEDERAL HWY, STE 201  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL WATSON

TREA

12/12/2006

Electronic Signature of Signing Officer or Director

Date