# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2009**
**Secretary of State**

DOCUMENT# N39387

**Entity Name:** SEMINOLE CLUB OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

2810 N E 52 STRET
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 030314
FT LAUDERDALE, FL 33303 US

**New Mailing Address:**

**FEI Number: 90-0424534** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WATSON, MICHAEL R
2810 N E 52ND STREET
FORT LAUDERDALE, FL 33308 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: PRES ( ) Delete
Name: CARTER, JASON D
Address: 4580 S W 152 AVE
City-St-Zip: MIRAMAR, FL 33027

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

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

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

Title: PRES (X) Change ( ) Addition
Name: WATSON, MICHAEL R
Address: 2810 N. E. 52ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TREA (X) Change ( ) Addition
Name: WATSON, MICHAEL R
Address: 2810 N. E. 52ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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: MICHAEL WATSON PRES 03/22/2009

Electronic Signature of Signing Officer or Director Date