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FL

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 APR 22 PM 2:14

DOCUMENT # N39590

(7)

1. Corporation Name

BRODERICK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

640 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

800 ENTERPRISE DRIVE
SUITE 220
OAKBROOK IL 60521

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
10/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3133820

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODERICK, DENNIS J.

~~640 N. ATLANTIC AVE.~~

~~DAYTONA BEACH FL 32118~~

81 Name

CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85

Zip Code
33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jeffrey H. Terry
Signature, typed or printed name of registered agent and the if applicable

Jeffrey H. Terry-Assistant Secretary

4-19-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PTD~~ ☒ DELETE

NAME ~~BRODERICK, DENNIS~~

STREET ADDRESS ~~640 N. ATLANTIC AVE.~~

CITY-ST-ZIP ~~DAYTONA BEACH FL~~

TITLE D ☐ DELETE

NAME MULLEN, CAROL

STREET ADDRESS 640 N. ATLANTIC AVE.

CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

NAME SALTS, HAROLD

STREET ADDRESS 640 N. ATLANTIC

CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PTD~~ ☒ Change ☐ Addition

1.2 NAME BRIAN BRODERICK

1.3 STREET ADDRESS 8700 CARRIAGE GREENS DR.

1.4 CITY-ST-ZIP DARIEN, IL 60561

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

Daytime Phone #

CR2E037 (12/95)