


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90292 048 \*\*\*\*70.00

<b>DOCUMENT # N40114</b> 1. Entity Name <b>TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.</b>					
Principal Place of Business <b>6591 SW ORANGE DRIVE DAVIE FL 33314</b>			Mailing Address <b>6591 SW ORANGE DRIVE DAVIE FL 33314</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0269033</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WU, MARGARET 6591 ORANGE DRIVE DAVIE FL 33314</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 <i>Margaret Wu</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> <b>MARGARET WU</b>		SIGNATURE <i>Lynn Goldman</i> <small>(NOTE: Registered Agent Signature required when re-electing)</small> <b>LYNN GOLDMAN, SECRETARY</b>		DATE <b>3/21/06</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD ROSENBAUM, IRVING DR. NSU HEALTH PROFESSIONS DIVISION DAVIE FL 33328</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD AUCAMP, JAMES MR. 5300 DAVIE ROAD DAVIE FL 33314</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD PSULA, JOHN 3300 NORTH UNIVERSITY DRIVE, STE 250 CORAL SPRINGS, FL 33065</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD GOLDMAN, LYNN 6500 NOVA DRIVE DAVIE FL 33317</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Lynn Goldman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3/21/2006</b> (87) 797-2087 <small>Daytime Phone #</small>		

ATTACHMENT



40070303  
#N40114

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
APR 07 2006

*4700 Dave Rly*

March 31, 2006

TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.  
6591 SW ORANGE DRIVE  
DAVIE, FL 33314

Subject: TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.

Reference Number: N40114

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

✓ The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

61.25  
8.75  
\$70.00

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj  
ANNUAL REPORTS SECTION

*All copy of 2006  
Not-for-Profit Corporation  
Annual Report*