

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90002 018 \*\*\*\*61.25

**DOCUMENT # N40114**

1. Entity Name

**TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL,  
INC.**



Principal Place of Business

Mailing Address

**6591 SW ORANGE DRIVE  
DAVIE FL 33314**

**6591 SW ORANGE DRIVE  
DAVIE FL 33314**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0269033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WU, MARGARET  
6591 ORANGE DRIVE  
DAVIE FL 33314**

Name

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

City

**FL**

Zip Code

8. 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

*Margaret Wu*

**MARGARET WU**

**1/22/07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME: **CD** ☒ Delete  
STREET ADDRESS: **ROSENBAUM, IRVING DR.**  
CITY-STATE-ZIP: **NSU HEALTH PROFESSIONS DIVISION  
DAVIE FL 33328**

NAME: **CHAIRMAN** ☐ Change ☒ Addition  
STREET ADDRESS: **ROBERT LEGG**  
CITY-STATE-ZIP: **1800 N. DOUGLAS ROAD  
PEMBROKE PINES, FL 33024**

NAME: **VCD** ☐ Delete  
STREET ADDRESS: **PISULA, JOHN**  
CITY-STATE-ZIP: **3300 N UNIVERSITY DR STE 250  
POMPANO BEACH FL 33065**

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

NAME: **STD** ☒ Delete  
STREET ADDRESS: **GOLDMAN, LYNN**  
CITY-STATE-ZIP: **6500 NOVA DRIVE  
DAVIE FL 33317**

NAME: **STD** ☐ Change ☒ Addition  
STREET ADDRESS: **MONTALBANO, PATRICIA**  
CITY-STATE-ZIP: **3921 S.W. 47 AVENUE, STE 1018  
DAVIE, FL 33314**

NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ 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: PATRICIA MONTALBANO**

*Patricia Montalbano* 529-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #