2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2008 8:00 am Secretary of State

DOCUMENT # N40114 1. Entity Name TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.								07-18-20	08 90014	035 ****61	.25
Principal Place of Business 6591 SW ORANGE DRIVE DAVIE, FL 33314		6591	Mailing Address 6591 SW ORANGE DRIVE DAVIE, FL 33314				60045096				
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2. Principal P	lace of Business - No P.O. Box #	3. Maili	ng Address							83831 81311 81831 3 181	
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.				07102008	Chg-NP	CR2E	037 (12/06)	
City & State		City	City & State				4. FEI Number 65-026			<u> </u>	plied For at Applicable
Zip	Country	Zip		Coun	itry		5. Certificate	of Status Desir	ed 📗	\$8.75 Add	litional
.=	6 Name and Address of Cu	rrent Registered	d Agent.					Address of N	ow Registare		
MIL SANDO	DARET				Name	Pnt	ricia	morto	ilmoi	<u> </u>	
WU, MARGARET 6591 ORANGE DRIVE			Street Addres			ddress (F	O. Box Numb	er is Not Accep	otable)		
DAVIE, FL	33314			-	<u> </u>	بلحد	10.09	") T HVC			
<i>t</i>				-	City	<u>u</u>	* 10	10		■ Zip Code	e i
9 The above	named entity submits this statem	and for the nume	and of changing its	ragistaras	d affice or		10	th in the State	F of Florida La	-1	<u> 14</u>
	ions of registered agent. Patricia I Mon. Signature, typed or printed name of registered.	talle	w Sec	veta	ry f	atri	r.	oumo	DATE	1-08	
Dı	Filing Fee is \$61.25 ue by September 12, 200	08	9: Election Cam Trust Fund C				\$5.00 May E Added to Fees			eck payable to artment of St	
10.	ue by September 12, 200 OFFICERS AN	08	Trust Fund C	ontributio		<u> </u>	Added to Fees		Florida Dep	DIRECTORS IN	tate
	OFFICERS AN			Contributio	on.	<u> </u>	Added to Fees		Florida Dep	artment of St	tate
10. TITLE	OFFICERS AND LEGG, ROBERT 1800 N DOUGLAS RD	ND DIRECTORS	Trust Fund C	11. TITLE NAME STREET	T ADDRESS	<u> </u>	Added to Fees		Florida Dep	DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN C LEGG, ROBERT 1800 N DOUGLAS RD PEMBROOKE PINES, FL 3	ND DIRECTORS	Trust Fund C	11. TITLE NAME STREET	T ADDRESS ST-ZIP	<u> </u>	Added to Fees	IANGES TO OF	Florida Dep	DIRECTORS IN Change	I 10 ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 mostallas, Secretory	fotricia	montaubano	80-11-F
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	. 1	Date	Daytime Phone #