


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-18-2008 90014 035 ****61.25

DOCUMENT # N40114	
1. Entity Name TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.	

Principal Place of Business 6591 SW ORANGE DRIVE DAVIE, FL 33314	Mailing Address 6591 SW ORANGE DRIVE DAVIE, FL 33314
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60045096



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

07102008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
WU, MARGARET 6591 ORANGE DRIVE DAVIE, FL 33314	

7. Name and Address of New Registered Agent	
Name	Patricia Montalbano
Street Address (P.O. Box Number is Not Acceptable)	3921 SW 47 Avenue
Suite	1018
City	Davie
State	FL
Zip Code	33314

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	Patricia Montalbano, Secretary Patricia Montalbano 7-11-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to -Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGG, ROBERT	NAME	
STREET ADDRESS	1800 N DOUGLAS RD	STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33024	CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISULA, JOHN	NAME	John Pisula
STREET ADDRESS	3300 N UNIVERSITY DR STE 250	STREET ADDRESS	3300 N. University Drive Ste 250
CITY-ST-ZIP	POMPANO BEACH, FL 33065	CITY-ST-ZIP	Pompano Bch FL 33065
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALBANO, PATRICIA	NAME	
STREET ADDRESS	3921 SW 47 AVE STE 1018	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33317	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Neal Kallis
STREET ADDRESS		STREET ADDRESS	7320 Griffin Rd Ste 109
CITY-ST-ZIP		CITY-ST-ZIP	Davie FL 33314
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Montalbano, Secretary Patricia Montalbano 7-11-08	Date: 7-11-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>	