2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40114

FILED Apr 23, 2009 Secretary of State

Entity Name: TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

6591 SW ORANGE DRIVE DAVIE, FL 33314

Current Mailing Address: New Mailing Address:

6591 SW ORANGE DRIVE DAVIE, FL 33314

FEI Number: 65-0269033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTALBANO, PATRICIA 3921 SW 47 AVE SUITE 1018 DAVIE, FL 33314 US

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.

SIGNATURE:

Flatoria Circular of Decides of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC () Delete Title: CO-C (X) Change () Addition Name: KALIS, NEAL KALIS, NEAL

Name: KALIS, NEAL
Address: 7320 GRIFFIN RD, STE 109
Address: 7320 GRIFFIN RD, STE 109

City-St-Zip: DAVIE, FL 33314 City-St-Zip: DAVIE, FL 33314

Title: C () Delete Title: CO-C (X) Change () Addition Name: PISULA, JOHN Name: LOVE, ROBERT

Address: 3300 N UNIVERSITY DRIVE, STE 250 Address: 7320 GRIFFIN RD, SUITE

City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: DAVIE, FL 33314

Title: STD () Delete Title: S (X) Change () Addition

 Name:
 MONTALBANO, PATRICIA
 Name:
 MONTALBANO, PATRICIA

 Address:
 3921 SW 47 AVE STE 1018
 Address:
 3921 SW 47 AVE STE 1018

 City-St-Zip:
 DAVIE, FL 33317
 City-St-Zip:
 DAVIE, FL 33317

Title: () Delete Title: T () Change (X) Addition
Name: Name: WALLACE, CHRISTOPHER
Address: Address: 4801 S UNIVERSITY DR, SUITE 132

City-St-Zip: City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MONTALBANO S 04/23/2009