FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # N46713 (6)							
BROWARD SELECTIVE RESIDENTIAL SERVICES, INC.							
Principal Place	of Business	Mailing Address) (CANTOR! EN GIANA ENTI NACAL MAGE ANT. ALEN AND	ile Aufer didte didte Atter samt	
3500 RIVERSIDE DRIVE CORAL SPRINGS FL 33065		3500 RIVERSIDE DRIVE CORAL SPRINGS FL 33065		3. Date Incorporated or Qualified 01/07/1992			
					4. FEI Number	Applied For	
					65-0393752	Not Applicable	
2. Principal Pl	Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
21						Fee Required	
					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowner			
23		28		Yes Z No			
Zip			Country		8. This corporation owes or has paid the co	rent year Intangible	
24	25 29 30		30	Personal Property Tax due June 30. 🔼 Yes 🔲 No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
POINTING, JACQUELYN			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3500 RIVERSIDE DR.			83				
SUITE 1			63				
CORAL SPRINGS FL 33065			84	City	FL	85 Zip Code	
11 Ourouppt	to the provisions of Sections 617 050)2 and 617 1508 Florida Statut	tas the show	anamed cor		nf changing its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized by	the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap-	pointment as registered	
	m tamiliar with, and accept the oblig	ations of, section 617,0505, re	Oliga Statutes	.			
SIGNATURE _	Signature, typed or printed name of registered ag-	ent and little if applicable. (NO)	TE: Registered Age	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	DELETE	1.1 TITLE			Change Addition	
NAME	POINTING, JACQUELYN A.		1.2 NAME				
STREET ADDRESS	TOTAL CITY OF THE CONTRACT OF		1.3 STREET	- 1			
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	1.4 CITY - S 2.1 TITLE	IT- ZIP	-	Change Addition	
TITLE	VD		2.1 HILE 2.2 NAME				
NAME OTRECT ARRESTO	715 S.W. 14TH AVENUE	MONIO, HODEITA		ADDRESS			
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-				
TITLE	SD SD	☐ DELETE	3.1 TITLE	-		Change Addition	
NAME	POINTING, TERENCE		3.2 NAME				
STREET ADDRESS	3500 RIVERSIDE DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-1	ST-ZIP			
TITLE	TD	DELETE 4.1				Change Addition	
NAME	HANKEN, ANDREW		4. 2 NAME				
STREET ADDRESS	2075 CHAMPIONS WAY		4.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH LAUDERDALE FL	□ Brutte	4.4 CITY - S 5.1 TITLE	ST-ZIP		☐ Change ☐ Addition	
TITLE		-		ĺ		Production	
NAME			5.2 NAME	ADDRESS			
STREET ADDRESS			5.3 STREET 5.4 City - 5	1			
CITY-ST-ZIP TITLE			6.1 TITLE	21 - tit		☐ Change ☐ Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY_ST_7ID			64 CITY-5				

I hereby certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617, and that my name address. OCH 2/4/2100

FILED

May 20 1998 8:00am

Secretary of State