

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

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90016 049 \*\*\*\*80.00

**DOCUMENT # N46713**

1. Entity Name

**BROWARD SERVICES FOR RESIDENTIAL SELECTIONS, INC.**



Principal Place of Business

Mailing Address

3500 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33065

~~3500 RIVERSIDE DRIVE~~  
~~CORAL SPRINGS FL 33065~~

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5250 SE 122 Ave.

City & State

City & State  
Morriston FL

Zip

Country

Zip

Country

32668

LEVY

4. FEI Number

65-0393752

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POINTING, JACQUELYN  
3500 RIVERSIDE DR.  
SUITE 1  
CORAL SPRINGS FL 33065

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE TPD ☐ Delete  
NAME POINTING, JACQUELYN A.  
STREET ADDRESS ~~3500 RIVERSIDE DRIVE~~  
CITY - ST - ZIP ~~CORAL SPRINGS FL~~

TITLE VD ☒ Delete  
NAME WIGAND, ROBERTA  
STREET ADDRESS 715 S.W. 14TH AVENUE  
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE SD ☒ Delete  
NAME DAVIS, LINDA  
STREET ADDRESS 3500 RIVERSIDE DRIVE  
CITY - ST - ZIP CORAL SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5250 SE 122 Ave.  
CITY - ST - ZIP MORRISTON FL 32668

TITLE VD ☐ Change ☒ Addition  
NAME NANCY PADEWER  
STREET ADDRESS 5744 PINE TREE DR.  
CITY - ST - ZIP SANIBEL ISLAND, FL 33959

TITLE SD ☐ Change ☒ Addition  
NAME ANNE KELLY  
STREET ADDRESS 5251 SE 120 CT  
CITY - ST - ZIP MORRISTON FL 32668

TITLE D ☐ Change ☒ Addition  
NAME DANIEL KELLY  
STREET ADDRESS 5251 SE 120 CT  
CITY - ST - ZIP MORRISTON FL 32668

TITLE D ☐ Change ☒ Addition  
NAME HARVEY PADEWER  
STREET ADDRESS 5744 PINE TREE DR.  
CITY - ST - ZIP SANIBEL ISLAND, FL 33959

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

Jacquelyn A. Pointing

JACQUELYN A. Pointing

02/28/07

954 344 7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Phone #