

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 038 ****61.25

DOCUMENT # N50734 1. Entity Name THE GREATER FORT LAUDERDALE TAX COUNCIL, INC.			
Principal Place of Business C/O STEVE R PICHA 350 E LAS OLAS BLVD #1420 FORT LAUDERDALE, FL 33301 US		Mailing Address C/O STEVE R PICHA 350 E LAS OLAS BLVD #1420 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business C/O BLAIR C. SHEIN Suite, Apt. #, etc. 3050 N. FEDERAL HWY. STE #208 City & State LIGHTHOUSE POINT, FL Zip Country 33064 USA		3. Mailing Address 3050 N. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE #208 City & State LIGHTHOUSE POINT, FL Zip Country 33064 USA	
4. FEI Number 65-0355936		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PICHA, STEVE R 350 E LAS OLAS BLVD #1420 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name BLAIR C. SHEIN Street Address (P.O. Box Number is Not Acceptable) 3050 N. FEDERAL HWY. STE #208 City LIGHTHOUSE POINT, FL Zip Code 33064	
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 <i>Blair C. Shein</i> VP [BLAIR C. SHEIN] DATE 7/27/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	DV DUNN, RUSSEL F CPA 2455 E SUNRISE BLVD. #1105 FORT LAUDERDALE, FL 33304 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V SHEIN, BLAIR C. 3050 N. FEDERAL HWY. STE #208 LIGHTHOUSE POINT, FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LYNCH, KRISTEN M 1301 N CONGRESS AVENUE SUITE 460 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P LYNCH, KRISTEN M. 4800 N. FEDERAL HWY., STE #200 E BOCA RATON, FL 33431 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARGOLIES, MITCHELL 450 E LAS OLAS BLVD SUITE 950 FORT LAUDERDALE, FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T BONEVAL, JUDY 2750 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PICHA, STEVE 350 E LAS OLAS BLVD. # 1420 FORT LAUDERDALE, FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S JORDAN, THOMAS 888 E. LAS OLAS BLVD. STE #700 FT. LAUDERDALE, FL 33301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Blair C. Shein</i> BLAIR C. SHEIN DATE 7/27/05 DAYTIME PHONE (954) 946-8561 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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