2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001041

1. Entity Name
BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
305 SE 18TH COURT FORT LAUDERDALE, FL 33316 US	305 SE 18TH COURT FORT LAUDERDALE, FL 33316 US

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04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0407370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE L
C/O ACCELERATED CONSULTING GROUP
150 S.PINE ISLAND RD #310
PLANTATION, FL 33324

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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 _____ DATE
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ANASTASATO, JANICE
STREET ADDRESS	7145 W. OAKLAND PK. BLVD
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	CD
NAME	MACCHIA, JOHN J
STREET ADDRESS	350 E. LAS OLAS BLVD. STE 1150
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	TD
NAME	GONZALEZ, JOSE L
STREET ADDRESS	150 S.PINE ISLAND RD,310
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	PCEO
NAME	MEROLLA, NANCY L
STREET ADDRESS	305 SE 18TH CT
CITY-ST-ZIP	FT.LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80040-005 70.00

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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: Nancy L. Merolla 4-12-06 954-764-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #