

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90006 012 ****61.25

DOCUMENT # N93000002686

1. Entity Name

**NORTH BROWARD HOSPITAL DISTRICT RETIREES'
CLUB, INC.**



Principal Place of Business

**303 SE 17TH ST
FT LAUDERDALE FL 33316**

Mailing Address

**303 SE 17TH ST
FT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number
65-0449927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAM R SCHERER CONRAD & SCHERER
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE **P** ☐ Delete
NAME **BALANO, ANTHONY**
STREET ADDRESS **4531 THOMAS ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VP** ☐ Delete
NAME **MCMURTIE, FRED**
STREET ADDRESS **518 SW 8TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **S** ☒ Delete
NAME **CLEWS, GINNY**
STREET ADDRESS **12750 SW 15TH ST, #D-309**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **T** ☐ Delete
NAME **APOIAN, CORRINE**
STREET ADDRESS **2350 NE 14TH STREET #303**
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

TITLE **D** ☒ Delete
NAME **GULL, GINNY**
STREET ADDRESS **1785 N. ANDREWS SQ. #103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **BARNES, PAT**
STREET ADDRESS **4201 NW 34TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☐ Addition
NAME **Balano, Anthony**
STREET ADDRESS **4531 Thomas St.**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **VP** ☐ Change ☐ Addition
NAME **McMurtrie, Fred**
STREET ADDRESS **518 SW 8 St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **S** ☐ Change ☒ Addition
NAME **Lois Boyd**
STREET ADDRESS **103 NE 26 St.**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE **T** ☐ Change ☐ Addition
NAME **Apoian, Corrine**
STREET ADDRESS **2350 NE 14 St., #303**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **D** ☐ Change ☒ Addition
NAME **Barnes, Pat**
STREET ADDRESS **4201 NW 34 Way**
CITY-ST-ZIP **Ft. Laud., FL 33309**

TITLE **D** ☐ Change ☒ Addition
NAME **Lemak, Ava**
STREET ADDRESS **575 Oaks Lane, #608**
CITY-ST-ZIP **Pompano Beach, FL 33069**

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:

A.P. Balano
A.P. BALANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-966-7720
Feb. 20, 2004

Date

Daytime Phone #