

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002686

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.

**Current Principal Place of Business:**

303 SE 17TH ST  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

303 SE 17TH ST  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0449927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

N BROWARD HOSPITAL DISTRICT RETIREE BLVD  
303 SE 17 ST  
FORT LAUDERDALE, FL 33316      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BALANO, ANTHONY  
**Address:** 4531 THOMAS ST  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** VP  
**Name:** SHARKEY, MAUREEN  
**Address:** 1291 NW 46 CT  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** S  
**Name:** BOYD, LOIS  
**Address:** 103 NE 26 ST.  
**City-St-Zip:** FORT LAUDERDALE, FL 33305

**Title:** T  
**Name:** APOIAN, CORRINE  
**Address:** 2350 NE 14TH STREET #303  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** D  
**Name:** BARNES, PAT  
**Address:** 4201 NW 34 WAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** D  
**Name:** PARKER RAMSAY, JEAN  
**Address:** 830 TENNESSEE AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CORRINE APOIAN

TREA

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date