2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003177

1. Entity Name
BROWARD COUNTY R.C. RACE CLUB, INC.

Principal Place of Business	Mailing Address
MILLS POND PARK 2201 NW 9TH AVE FT. LAUDERDALE, FL 33311 US	13310 MUSTANG TRAIL SUNSHINE RANCHES, FL 33330 US

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0418512

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

13310 MUSTANG TRAIL
SUNSHINE RANCHES, FL 33330

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELAY, MICHAEL
STREET ADDRESS	7816 SW 7TH PL
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	VPD
NAME	MCCORMICK, PHILLIP
STREET ADDRESS	107 SAN NEMO BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33068
TITLE	T
NAME	RUSSELL, KEITH
STREET ADDRESS	2885 NW 69TH AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	S
NAME	BOGGESS, DON
STREET ADDRESS	5221 NW 96TH AVE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	DINGLEY, BOB
STREET ADDRESS	13438 SW 23RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	PERILLO, RALPH
STREET ADDRESS	5131 NW 31ST STREET
CITY-ST-ZIP	MARGATE, FL 33063

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02/18/05-80056-011 61.25

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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: _____ 2/5/05 (954) 205-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #