2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90185 034 ****61.25

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	18562 NW 24 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pembroke Pines FL
Zip / Country	Zip: 33029 / Country: Broward

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	7. Name and Address of New Registered Agent
CAPLAN, DAVID 13310 MUSTANG TRAIL SUNSHINE RANCHES FL 33330	Name: Bart Collins Street Address (P.O. Box Number is Not Acceptable): 18562 NW 24TH ~~Terrace~~ Place City: Pembroke Pines **FL** Zip Code: 33029

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: Bart Collins 3-24-07
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, 2007

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	D DELAY, MICHAEL 7816 SW 7TH PL NORTH LAUDERDALE FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP- GIL SOUSA 17421 SW 93 AVE MIAMI, FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCORMICK, PHILLIP 107 SAN NEMO BLVD FT LAUDERDALE FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIKE BROWN 819 E. CHAMINADE DR HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSELL, KEITH 2885 NW 69TH AVE MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEAN KERSTEN 11719 NW 12 ST. PEMBROKE PINES, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOGGESS, DON 5221 NW 96TH AVE SUNRISE FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUIS PEREZ 6305 SANDY ~~BANK~~ TERR RIVIERA BCH, FL 33407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINGLEY, BOB 13438 SW 23RD STREET MIRAMAR FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICK CURTIS 3019 NAUTICAL WAY LANTANA, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEUSWINGER, SCOTT 4305 PINE RIDGE CT WESTON FL 33331	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT BEISWINGER 4305 PINE RIDGE CT. WESTON FL 33331	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bart Collins 3-24-07 954-430-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #