

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003177

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

MILLS POND PARK
2201 NW 9TH AVE
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

18562 NW 24 PLACE
PEMBROOKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0418512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, BART
18562 NW 24TH PLACE
PEMBROOKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: VP () Delete
Name: SOUSA, GIL
Address: 17421 SW 93 AVE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: BROWN, MIKE
Address: 819 E CHAMINADE DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: KERSTEN, SEAN
Address: 11719 NW 12 ST
City-St-Zip: PEMBROOKE PINES, FL 33026

Title: D () Delete
Name: PEREZ, LUIS
Address: 6305 SANDY BANK TERR
City-St-Zip: RIVERA BEACH, FL 33407

Title: P () Delete
Name: COLLINS, BART
Address: 18562 NW 24 PLACE
City-St-Zip: PEMBROOKE PINES, FL 33029

Title: D () Delete
Name: BEISWINGER, SCOTT
Address: 4305 PINE RIDGE CT
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BART COLLINS

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date