

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003443

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** BROWARD COUNTY BONDSMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 S ANDREWS AVE  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 S ANDREWS AVE  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 65-0467699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRESPO, CATHERINE TREASUR  
1101 S ANDREWS AVE  
FORT LAUDERDALE, FL 33316 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:** P  
**Name:** ALLEN, DARRYL F  
**Address:** 2897 W SUNRISE BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33316 US

**Title:** VP  
**Name:** HODGSON, MIA  
**Address:** 916 S ANDREWS AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

**Title:** TD  
**Name:** CRESPO, CATHERINE  
**Address:** 1101 SOUTH ANDREWS AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33316

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:** CATHERINE CRESPO

TD

01/26/2012

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

\_\_\_\_\_  
Date