

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 023 ****61.25

DOCUMENT # N94000003702

1. Entity Name
BROWARD COUNTY CITY MANAGERS ASSOCIATION, INC.



Principal Place of Business
3650 NE 12 AVE
OAKLAND PARK, FL 33334 US

Mailing Address
3099 E. COMMERCIAL BLVD
SUITE 200
FORT LAUDERDALE, FL 33308 US

40024504



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0558473

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KLAHR, JULIE ESQ.
3099 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Julie Klahr

2/21/07

Sign, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 PD ☒ Delete
NAME PAYTON, ROBERT
STREET ADDRESS 2300 CIVIC CENTER PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE PD ☒ Change ☐ Addition
NAME Jeff Miller
STREET ADDRESS 7525 N.W. 88th Avenue
CITY-ST-ZIP Tamarac, FL 33321-2401

TITLE VP ☒ Delete
NAME GALLEGOS, JOSEPH L
STREET ADDRESS 524 NE 21ST COURT
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE VP ☒ Change ☐ Addition
NAME Anita Fain Taylor
STREET ADDRESS 4300 N.W. 36th Street
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE STD ☒ Delete
NAME JOHNSON, EULAIN S
STREET ADDRESS 2300 CIVIC CENTER PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ST ☒ Change ☐ Addition
NAME Diane Phillips
STREET ADDRESS 7525 N.W. 88th Avenue
CITY-ST-ZIP Tamarac, FL 33321-2401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jeffrey C. Miller

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/07

✓ 954-724-1230