

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001053 (6)

1. Corporation Name

SOUTH BROWARD PRESCHOOL PTA, INC.



Principal Place of Business

Mailing Address

10732 EDINBURGH ST
COOPER CITY FL 33026

10732 EDINBURGH ST
COOPER CITY FL 33026

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

3/6/95

2. Principal Place of Business

2a. Mailing Address

21 3321 Copenhagen Ave

26 3321 Copenhagen Ave

4. FEI Number

65-0526791

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cooper City, FL

City & State

28 Cooper City, FL

Zip

24 33026

Country

25 USA

Zip

29 33026

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COULTER, KAREN
10732 EDINBURGH ST
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name

Kim Zambon

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

3321 Copenhagen Ave

83

84 City

Cooper City

FL

85 Zip Code

33026

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kim Zambon Kim Zambon - President

Feb 25, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COULTER, KAREN	
STREET ADDRESS	10732 EDINBURGH ST	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, TONI	
STREET ADDRESS	10757 CHARLESTON PL	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAPLA, REGINA	
STREET ADDRESS	10565 BERMUDA DR	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MIESSE, JEANETTE	
STREET ADDRESS	10688 EDINBURGH ST	
CITY - ST - ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kim Zambon	
1.3 STREET ADDRESS	3321 Copenhagen Ave	
1.4 CITY - ST - ZIP	COOPER City FL 33026	
2.1 TITLE	V-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FELICIA ANDERSON	
2.3 STREET ADDRESS	10851 EDINBURGH ST	
2.4 CITY - ST - ZIP	Cooper City FL 33026	
3.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAWN GRAULICH	
3.3 STREET ADDRESS	9241 CYPRESS CIRCLE NORTH	
3.4 CITY - ST - ZIP	MIRAMAR, FL 33025	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY DUDENHOEFER	
4.3 STREET ADDRESS	5200 SW 90th AVE	
4.4 CITY - ST - ZIP	Cooper City, FL 33328	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001754618	
5.3 STREET ADDRESS	03/22/96 01036-010	
5.4 CITY - ST - ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy Dudenhoefer - Nancy Dudenhoefer Feb 8, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

53-22-96

(305) 680-8510

CR2E037 (12/95)