

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90022 048 \*\*\*\*61.25

**DOCUMENT # N96000002838**

1. Entity Name  
**BROWARD URBAN RIVER TRAILS INC.**



Principal Place of Business  
**218 S W 1 AVE  
FT LAUDERDALE, FL 33301**

Mailing Address  
**630 NE 14TH AVE  
FORT LAUDERDALE, FL 33304 US**

**50009527**



03092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0675005** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RUDE, JOHN A  
630 NE 14TH AVE  
FORT LAUDERDALE, FL 33304**

**7. Name and Address of New Registered Agent**

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

Signature, typed 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, 2006**

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**

TITLE **MD** ☐ Delete  
NAME **RUDE, JOHN**  
STREET ADDRESS **630 NE 14TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **PD** ☒ Delete  
NAME **OWNBY, BRUCE**  
STREET ADDRESS **400 N ANDREWS AVE, STE 202**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☒ Delete  
NAME **SOMMERVILLE, STEVE**  
STREET ADDRESS **218 SW 1 AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE **TSD** ☒ Delete  
NAME **JOHNSON, MARY**  
STREET ADDRESS **2210 NE 52ND ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **VD** ☒ Delete  
NAME **MCPHERSON, PEG**  
STREET ADDRESS **201 S. ANDREWS AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE ☐ Change ☒ Addition  
NAME **PD  
Springer, Marilyn**  
STREET ADDRESS **506 NE 11th Avenue**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Change ☒ Addition  
NAME **TD  
Richstone, David**  
STREET ADDRESS **5761 NE 19th Avenue**  
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ Change ☒ Addition  
NAME **SD  
Murray, Anne**  
STREET ADDRESS **608 SW 7th Ave**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE ☐ Change ☒ Addition  
NAME **D  
Helm, Lynne**  
STREET ADDRESS **707 SW 8th way**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/04/06 (954) 462-7766**  
Date Daytime Phone #