

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

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



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | MD |
| NAME | RUDE, JOHN |
| STREET ADDRESS | 630 NE 14TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 |
| TITLE | PD |
| NAME | SPRINGER, MARYLYN |
| STREET ADDRESS | 506 NE 11TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 |
| TITLE | TD |
| NAME | RICHSTONE, DAVID |
| STREET ADDRESS | 5761 NE 19TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE | SD |
| NAME | MURRAY, ANNE |
| STREET ADDRESS | 508 SW 7TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 |
| TITLE | D |
| NAME | HELM, LYNNE |
| STREET ADDRESS | 707 SW 8TH WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/23/07-80067-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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

John A. Rude 4/30/07 954-462-7766

Date

Daytime Phone #