

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90086 012 \*\*\*\*66.25

**DOCUMENT # N99000000066**

1. Entity Name  
**WEST BROWARD RENEGADES V 728, INCORPORATED**



Principal Place of Business  
**5780 SW 13 STREET  
 PLANTATION, FL 33317-5336**

Mailing Address  
**5780 SW 13 STREET  
 PLANTATION, FL 33317-5336**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country



02232005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0996168**

Applied For  
 Not Applicable

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

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

**STICKNEY, RONALD M  
 5780 SW 13 STREET  
 PLANTATION, FL 33317-5336**

**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 reappointing) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 **PT**  Delete  
 NAME **FOX, HAROLD**  
 STREET ADDRESS **43 SEVILLE CIRCLE**  
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE **PT**  Change  Addition  
 NAME **Garrison, Albert S.**  
 STREET ADDRESS **2203 SW 43 Avenue**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33317**

TITLE **VT**  Delete  
 NAME **RUSSELL, JACQUES F**  
 STREET ADDRESS **6281 SW 8 COURT**  
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **CARRISON, ALBERT S**  
 STREET ADDRESS **2230 SW 43 AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

TITLE **ST**  Change  Addition  
 NAME **Jones, Robert**  
 STREET ADDRESS **10305 NW 40 Court**  
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **T**  Delete  
 NAME **STICKNEY, RONALD M**  
 STREET ADDRESS **5780 SW 13 STREET**  
 CITY-ST-ZIP **PLANTATION, FL 33317**

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 exemption stated in Section 119.07(3)(i), 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:** ALBERT S. GARRISON *Albert S. Garrison* **FEBRUARY 23, 2005** 954 792 9522  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #