## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9900000066

FILED Apr 30, 2007 Secretary of State

Entity Name: WEST BROWARD RENEGADES V 728, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

43 SEVILLE CIRCLE 10305 NW 40 COURT

DAVIE, FL 333245447 US CORAL SPRINGS, FL 330651542 US

**Current Mailing Address: New Mailing Address:** 

43 SEVILLE CIRCLE 10305 NW 40 COURT

DAVIE, FL 333245447 US CORAL SPRINGS, FL 330651542 US

FEI Number: 65-0996168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FOX, HAROLD J JONES, ROBERT 43 SEVILLE CIRCLE 10305 NW 40 COURT

DAVIE, FL 333245447 US CORAL SPRINGS, FL 330651542 US

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.

SIGNATURE: ROBERT JONES 04/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FOX, HAROLD J LEFRANCOIS, WILLIAM R JR Name: Name: 43 SEVILLE CIRCLE Address: 2360 SW 42 TER Address:

City-St-Zip: DAVIE, FL 333245447 US City-St-Zip: FT LAUDERDALE, FL 33317 US

Title: () Delete Title: (X) Change ( ) Addition

LEFRANCOIS, WILLIAM R JR Name: HELMAN, TED Name:

Address: 2360 SW 42 TER Address: 10304 SUNRISE LAKES BLVD # 109 SUNRISE, FL 33322 US

City-St-Zip: FT LAUDERDALE, FL 33317 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition JONES, ROBERT JONES, ROBERT Name: Name:

10305 NW 40 COURT 10305 NW 40 COURT Address: Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 330651542

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: HELMAN, TED Name: SMILEY, JOHN A JR. 10304 SUNRISE LAKES BLVD # 109 Address: Address: 2510 NW 115 AVE

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JONES MR 04/30/2007