

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000011479

Entity Name: NORTH BROWARD - PSTA, INC.

Current Principal Place of Business:

7600 LYONS ROAD
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

7600 LYONS ROAD
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-1487342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, CHRISTINE
5008 NW 119TH TERRACE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERGER, HOPE
Address: 7121 NW 65TH TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: T () Delete
Name: BISHOP, CHRISTINE
Address: 5008 NW 119TH TERRECE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: TABRIS, PATTI
Address: 8640 NW 56TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: SCHEMM, JANICE
Address: 4932 NW 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: CLEARY, CHERYL
Address: 7180 NW 62ND TERRACE
City-St-Zip: PARKLWAND, FL 33067

Title: V () Delete
Name: PINNELL, KIMBERLY
Address: 7111 NW 48TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CLEARY, CHERYL
Address: 7180 NW 62ND TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE BISHOP

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date