

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00169

**Entity Name:** BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.

**FILED**  
**Jan 13, 2019**  
**Secretary of State**  
**9278391558CC**

**Current Principal Place of Business:**

1643 EASTLAKE WAY  
WESTON, FL 33326

**Current Mailing Address:**

1643 EASTLAKE WAY  
WESTON, FL 33326 US

**FEI Number: 59-2756174**

**Certificate of Status Desired: No**

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

CAROL WECHSLER, CPA, PA  
1440 CORAL RIDGE DRIVE  
SUITE 376  
CORAL SPRINGS, FL 33071 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: CAROL WECHSLER**

**01/13/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name NOLAN, PATRICIA M  
Address 1643 EASTLAKE WAY  
City-State-Zip: WESTON FL 33326

Title TREASURER  
Name WECHSLER, CAROL  
Address 1440 CORAL RIDGE DRIVE  
SUITE 376  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP  
Name ROMAGUERA, INEZ  
Address 20321 NW 3RD STREET  
City-State-Zip: PEMBROKE PINES FL 33029

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA MARY NOLAN**

**PAST PRESIDENT**

**01/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date