

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006139

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**9772972924CC**

**Entity Name:** BROWARD REGIONAL HEALTH PLANNING COUNCIL HOUSING  
ADMINISTRATION, INC.

**Current Principal Place of Business:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 US

**FEI Number: 36-4889714**

**Certificate of Status Desired: Yes**

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

DE LUCCA, MICHAEL  
200 OAKWOOD LANE, SUITE 100  
HOLLYWOOD, FL 33020 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: MICHAEL DE LUCCA**

**01/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DE LUCCA, MICHAEL  
Address 200 OAKWOOD LANE, SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name EFFMAN, BARBARA  
Address 200 OAKWOOD LANE  
SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

Title S  
Name BENZ, JOHN  
Address 200 OAKWOOD LANE  
SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

Title T  
Name MCNERNEY, MIA  
Address 200 OAKWOOD LANE  
SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

*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: MICHAEL DE LUCCA**

**P**

**01/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date