

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44217

**Entity Name:** BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**FILED**  
**Apr 08, 2013**  
**Secretary of State**  
**CC6296855151****Current Principal Place of Business:**115 S ANDREWS AVE.  
GOVERNMENT CENTER, S-423  
FT. LAUDERDALE, FL 33301**Current Mailing Address:**115 S ANDREWS AVE.  
GOV'T CTR, STE #513  
FT. LAUDERDALE, FL 33301**FEI Number: 65-0276964****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KRISTIN, JACOBS D  
FINANCE & ADMIN SVS DEPT, ROOM 414  
115 S. ANDREWS AVE  
FORT LAUDERDALE, FL 33301 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: KRISTIN D. JACOBS****04/08/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title MS.  
Name LIEBERMAN, ILENE  
Address 4809 WOODLANDS BLVD.  
City-State-Zip: TAMARAC FL 33319Title MS.  
Name JACOBS, KRISTIN  
Address 651 NE 5TH STREET  
City-State-Zip: POMPANO FL 33060Title MS.  
Name RITTER, STACY  
Address 7711 SALEM LANE  
City-State-Zip: PARKLAND FL 33067Title MR.  
Name LAMARCA, CHIP  
Address 2605 NE 24 STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064Title MS.  
Name WEXLER, LOIS  
Address 16175 GOLF CLUB RD., APT. 301  
City-State-Zip: WESTON FL 33326Title MS.  
Name GUNZBURGER, SUZANNE  
Address 803 N. SOUTHLAKE DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

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: KRISTIN D. JACOBS****MAYOR****04/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date