

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

DOCUMENT# N93000001041

**Entity Name:** BROWARD COUNTY COMMUNITY DEVELOPMENT  
CORPORATION, INC.

**Current Principal Place of Business:**

305 SE 18TH COURT  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

305 SE 18TH COURT  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0407370

**Certificate of Status Desired:** Yes

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

VECCHI, LISA  
305 SE 18TH COURT  
FT. LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            VECCHI, LISA  
Address        305 SE 18TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            SECRETARY  
Name            VILLELA, MARGARET  
Address        401 EAST LAS OLAS BOULEVARD  
                    2250  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            TREASURER  
Name            BLUTH, THOMAS  
Address        301 E. LAS OLAS BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            CHAIRMAN  
Name            KAYE, JASON  
Address        401 E. LAS OLAS BLVD, 9TH FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VC  
Name            CRUZ, MARY ANN  
Address        12496 NW 25TH STREET  
City-State-Zip: MIAMI FL 33182

*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:** LISA A VECCHI

CEO

11/04/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date