

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 571711 (1)**  
1. Corporation Name:  
**MEADOWBROOK LAKES SECTION 'C' RECREATION CENTER, INC.**



Principal Place of Business: **414 SOUTHEAST 10TH STREET STE 101 DANIA FL 33004-4508 US**  
Mailing Address: **415 SE 11TH TER APT 105 DANIA FL 33004-4514 US**

3. Date Incorporated or Qualified: **05/10/1978**  
3a. Date of Last Report: **02/28/1996**  
4. FEI Number: **59-1872779** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30. Country:

8. Name and Address of Current Registered Agent  
**DEMYON, JENNIE  
415 SE 11TH TERR.  
DANIA FL 33004**

10. Name and Address of New Registered Agent  
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMYON, JENNIE</b>	
STREET ADDRESS	<b>415 SE 11TH TERR #105</b>	
CITY- ST- ZIP	<b>DANIA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNIM, KALMAN</b>	
STREET ADDRESS	<b>1025 SE 4TH AVE. #105</b>	
CITY- ST- ZIP	<b>DANIA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PASQUALE, JENNIE</b>	
STREET ADDRESS	<b>414 SE 10TH ST #106</b>	
CITY- ST- ZIP	<b>DANIA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RAGUSA, FRANCES M</b>	
STREET ADDRESS	<b>1025 SE 4TH AVE #307</b>	
CITY- ST- ZIP	<b>DANIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREMSKI, JAMES</b>	
STREET ADDRESS	<b>424 SE 10TH ST #302</b>	
CITY- ST- ZIP	<b>DANIA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jennie Demyon</b>	
1.3 STREET ADDRESS	<b>415 SE 11th Terr. #105</b>	
1.4 CITY- ST- ZIP	<b>Dania, Florida 33004</b>	
2.1 TITLE	<b>v.p.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sally Buske</b>	
2.3 STREET ADDRESS	<b>425 SE 11th Terr. #202</b>	
2.4 CITY- ST- ZIP	<b>Dania, Florida 33004</b>	
3.1 TITLE	<b>S.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gloria Levine</b>	
3.3 STREET ADDRESS	<b>415 SE 11th Terr. #206</b>	
3.4 CITY- ST- ZIP	<b>Dania, Florida 33004</b>	
4.1 TITLE	<b>T.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Frances M. Ragusa</b>	
4.3 STREET ADDRESS	<b>1025 SE 4th Ave. #307</b>	
4.4 CITY- ST- ZIP	<b>Dania, Florida 33004</b>	
5.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Joseph Bujold</b>	
5.3 STREET ADDRESS	<b>424 SE 10th St. #103</b>	
5.4 CITY- ST- ZIP	<b>Dania, Florida 33004</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jennie Demyon** 954 920-6018

CR2E034 (9/96)