


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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90142 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 571711**  
 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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/10/1978</b>	4. FEI Number <b>59-1872779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. 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  
 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 office 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEYON, JENNIE	1.2 NAME	P DEMYON, JENNIE
STREET ADDRESS	415 SE 11TH TERRACE STE 105	1.3 STREET ADDRESS	415 SE 11th Terr. #105
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	DANIA BEACH FL. 33004
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKE, SALLY	2.2 NAME	BUSKE SALLY
STREET ADDRESS	425 SE 11TH TERRACE STE 202	2.3 STREET ADDRESS	425 SE 11th. Terr #202
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	DANIA BEACH, FL. 33004
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, GLORIA	3.2 NAME	CUBETA NANCY
STREET ADDRESS	415 SE 11TH TERRACE STE 206	3.3 STREET ADDRESS	415 SE 11th Terr.
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	DANIA BEACH, FL. 33004
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGUSA, FRANCES M	4.2 NAME	FRANCES M. RAGUSA
STREET ADDRESS	1025 SE 4TH AVE. STE 307	4.3 STREET ADDRESS	1025 SE 4th. Ave. #307
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP	DANIA BEACH, FL. 33004
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: JENNIE DEMYON *Jennie Demyon* 2/5/99 920-6018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)