

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90259 042 \*\*\*150.00

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**DOCUMENT # 571711**

1. Entity 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**

**10024109**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1872779**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMYON, JENNIE  
415 SE 11TH TERR.  
DANIA FL 33004**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEMYON, JENNIE</b>	
STREET ADDRESS	<b>415 SE 11TH TERRACE STE 105</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MUSICO, VIVIAN</b>	
STREET ADDRESS	<b>414 SE 10TH ST #102</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PARTRIDGS, DENNIS</b>	
STREET ADDRESS	<b>414 SE 10TH ST APT104</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RAGUSA, FRANCES M</b>	
STREET ADDRESS	<b>1025 SE 4TH AVE. STE 307</b>	
CITY-ST-ZIP	<b>DANIA BEACH FL 33004</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennie Demyon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12-03  
Date

Daytime Phone #

CR2E034 (10/02)