

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 031 \*\*\*\*70.00



**DOCUMENT # N46867**  
1. Entity Name  
**THE OMEGA RECREATION COUNCIL, INC.**

Principal Place of Business      Mailing Address  
**7200 NW 17TH ST  
PLANTATION FL 33313**      **7200 NW 17TH ST  
PLANTATION FL 33313**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0402617**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RISKIN, STAN L PA  
499 NW 70TH AVE  
PLANTATION FL 33313**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE MALLO, H. PETE <input checked="" type="checkbox"/> Delete 7400 NW 17TH STREET FORT LAUDERDALE FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIGILLITO, ORESTE <input checked="" type="checkbox"/> Delete 7100 NW 17TH ST. PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOTTESMAN, PEARL <input type="checkbox"/> Delete 7000 NW 17TH ST FORT LAUDERDALE FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUCHENE, RICHARD, JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1751 NORTHWEST 75TH AVE PLANTATION, FLORIDA 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOMPLAISIR, ELAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7500 NORTHWEST 17TH STREET PLANTATION, FLORIDA 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *Elaine Momplaisir*      3-26-06 954 646-9980