

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90009 040 ****61.25

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DOCUMENT # N46867					
1. Entity Name THE OMEGA RECREATION COUNCIL, INC.					
Principal Place of Business 7200 NW 17TH ST PLANTATION, FL 33313		Mailing Address 7200 NW 17TH ST PLANTATION, FL 33313			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0402617	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISKIN, STAN L PA 499 NW 70TH AVE PLANTATION, FL 33313			Name <i>DiRocco & Co.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>6601 NW 14th St Ste #3</i>		
			City <i>Plantation</i> FL Zip Code <i>33313</i>		
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 <i>DiRocco & Company CPA, PA</i> <i>John Rocco & Company CPA, PA</i> 2/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAUCHENE, RICHARD JR		NAME		
STREET ADDRESS	1751 NORTHWEST 75TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOMPLAISIR, ELAINE		NAME		
STREET ADDRESS	7500 NORTHWEST 17TH ST		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTESMAN, PEARL		NAME		
STREET ADDRESS	7000 NW 17TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Elaine Momplaisir</i>			Date <i>1/31/07</i> Daytime Phone <i>934 68980</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		