
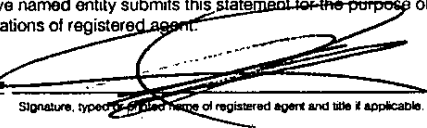
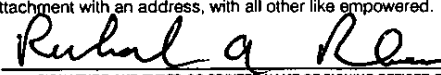


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90026 028 ****61.25

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	
Zip	Country	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	
DIROCCO & CO 6601 NW 14TH ST STE 3 PLANTATION, FL 33313		Name ERIC ESTEBANEZ, LCAM	
		Street Address (P.O. Box Number is Not Acceptable) C/O POINTE MOUNT GROUP 75 NE 10th AVE #200	
		City DELRAY BEACH FL Zip Code 33483	
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 		ERIC ESTEBANEZ	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 1.21.08		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Addition
NAME	HEATHER MCGILLIVRAY	NAME	TD MCGILLIVRAY, HEATHER
STREET ADDRESS	7000 NW 17th ST #117	STREET ADDRESS	7000 NW 17th ST #117
CITY-ST-ZIP	PLANTATION, FL 33313	CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRID MADER	NAME	SD MADER, INGRID
STREET ADDRESS	1701 N.W. 75th Ave	STREET ADDRESS	1701 NW 75th Ave
CITY-ST-ZIP	PLANTATION, FL 33313	CITY-ST-ZIP	PLANTATION, FL 33313
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: 		2-29-2007 954 581065	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	