

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46867

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**1014360679CC**

**Entity Name:** THE OMEGA RECREATION COUNCIL, INC.

**Current Principal Place of Business:**

7200 NW 17 STREET  
PLANTATION, FL 33313

**Current Mailing Address:**

PO BOX 19439  
PLANTATION, FL 33318 US

**FEI Number:** 65-0402617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD, SUITE C207  
FORT LAUDERDALE, FL 33312 US

*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.*

**SIGNATURE:** CHARLES F. OTTO, ESQ.

03/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BEAUCHENE, LINDA  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title D  
Name MCGILLIVRAY, HEATHER  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title D  
Name CLEOPHAT, JOUBERT  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title D  
Name JASSO, TOMAS  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title D  
Name KALISH, MARTIN  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title D  
Name DEBBIE, CARMICHAEL  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name LEWIN, NATALIE  
Address C/O ALLIANCE PROPERTY SYSTEMS  
PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name GOLDENBURG, JEFFREY  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SINGH , ARJUN

**PRESIDENT**

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOUNIR, MIKE  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name GANGOO, RONALD  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR, PRESIDENT  
Name SINGH, ARJUN  
Address 7200 NW 17TH ST  
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR  
Name JORGE, DANIEL  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name HOOKER, TERRY  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318