

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46867

**FILED  
Jul 09, 2020  
Secretary of State  
2715642564CC**

**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.

07/09/2020

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 PRESIDENT, DIRECTOR  
Name BROWN, JEFF  
Address PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

Title VP, DIRECTOR  
Name WARREN, ROBERT  
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

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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:** BROWN , JEFF

**PRESIDENT**

07/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER, SECRETARY, DIRECTOR  
Name           LEMOS, SANDRA  
Address        PO BOX 19439  
City-State-Zip: PLANTATION FL 33318

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

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

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

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