

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90021 015 \*\*\*150.00

**DOCUMENT # 464306**

1. Entity Name  
**MEADOWBROOK LAKES SECTION "A" RECREATION  
CENTER, INC.**



Principal Place of Business  
**202 SE 10TH ST  
#407  
DANIA, FL 33004 US**

Mailing Address  
**202 SE 10TH ST  
#407  
DANIA, FL 33004 US**

**40012337**



02072007 Chg-P CR2E034 (12/06)

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

**59-1613536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEYEN, TOM D  
202 SE 10TH ST  
#407  
DANIA, FL 33004**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME HEYEN, TOM D ☐ Delete  
STREET ADDRESS 202 SE 10TH #407  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME DAINI, JEAN P  
STREET ADDRESS 1025 SE 2ND  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME AMATO, NORMA D  
STREET ADDRESS 202 SE 10TH #105  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME GRONDINES, BERNARD  
STREET ADDRESS 205 SE 11TH TER #102  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME DEJORDINS, GUY  
STREET ADDRESS 306 SE 10RD SY  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARIE, ANNE  
STREET ADDRESS 1024 SE 3RD AVE  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
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 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/6/07 734-927-8317*