

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 571711

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



Principal Place of Business  
**414 SOUTHEAST 10TH STREET  
STE 101  
DANIA, FL 33004-4508 US**

Mailing Address  
**415 SE 11TH TER  
APT 105  
DANIA, FL 33004 US**

2. Principal Place of Business  
**414 SE 10th ST  
APT 203  
DANIA BEACH, FL  
33004 US**

3. Mailing Address  
**414 SE 10th ST.  
APT 203  
DANIA BEACH, FL  
33004 US**



4. FEI Number  
**59-1872779**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DEMYON, JENNIE  
415 SE 11TH TERR.  
DANIA, FL 33004**

7. Name and Address of New Registered Agent

Name **RAPID TAX c/o Robert Young**  
Street Address (P.O. Box Number is Not Acceptable)  
**124 S FEDERAL HIGHWAY  
CITY DANIA FL Zip Code 33004**

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 **Robert Young** **5/8/06**  
Signature, typed or printed name of registered agent and type of appointment. (NOTE: Registered Agent signature required when registering.) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEMYON, JENNIE 415 SE 11TH TERRACE STE 105 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUSICO, VIVIAN 414 SE 10TH ST #102 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARTRIDGS, DENNIS 414 SE 10TH ST APT 104 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAGUSA, FRANCES M 1025 SE 4TH AVE. STE 307 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELLO, RUTH 1025 SE 4TH AVENUE, APT 105 DANA BEACH, FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETER AVILES 414 SE 10th ST APT 203 DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALLY BUSKE 425 SE 11th TER APT 202 DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUTH BELLO 1024 SE 4th AVE APT 105 DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DENNIS PARTRIDGE 414 SE 10th ST APT 104 DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM JENNIE DEMYON 415 SE 11th TERRACE APT 105 DANIA BEACH FL 33004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8/5/23</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employment.

SIGNATURE: **Peter Aviles** **5/8/06 954-929-3785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #