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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723159** (0)
1. Corporation Name
BROOKFIELD GARDENS RECREATIONAL CENTER, INC



Principal Place of Business CENTER INC 495 S.E. 8TH ST. DEERFIELD BCH. FL 33441	Mailing Address CENTER INC 495 S.E. 8TH ST. DEERFIELD BCH. FL 33441-5504
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3. Date Incorporated or Qualified 04/13/1972	3a. Date of Last Report 04/10/1996
4. FEI Number 59-1538659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**YOUNGBLOOD, WILLIAM C.
495 SE 8TH ST.
APT. 136
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINAYAGE, ELAINE	1.2 NAME	P ALBRIGHT, HARRIET
STREET ADDRESS	495 SE 8TH ST	1.3 STREET ADDRESS	501 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP=D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIRHAM, MANFRED	2.2 NAME	PHIL LETIZIA
STREET ADDRESS	411 SE 8TH ST	2.3 STREET ADDRESS	495 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	2.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, JEANNE	3.2 NAME	HARDY MARY
STREET ADDRESS	501 SE 8TH ST	3.3 STREET ADDRESS	495 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	3.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMIA, JOHN	4.2 NAME	LAMIA FRANCES
STREET ADDRESS	495 SE 8TH STREET	4.3 STREET ADDRESS	495 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	4.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LORRETA	5.2 NAME	LORRETTA PINO
STREET ADDRESS	411 SE 8TH STREET	5.3 STREET ADDRESS	411 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	5.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETIZIA, PHIL	6.2 NAME	LAMIA JOHN
STREET ADDRESS	495 SE 8TH ST	6.3 STREET ADDRESS	495 S.E. 8th ST
CITY-ST-ZIP	DEERFIELD BCH. FL	6.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances Lamia* **FRANCES LAMIA (TREASURER) (954)**
APRIL 10 97 427 2836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042751

CR2E037 (9/96)