

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 04/13/1972	
4. FEI Number 59-1538659	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LABRIGHT, PH
STREET ADDRESS	344 SE 8TH ST
CITY-ST-ZIP	DEERFIELD OO
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	WEIRHAM, MANFRED
STREET ADDRESS	411 SE 8TH ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, JEANNE
STREET ADDRESS	501 SE 8TH ST
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LAMIA, JOHN
STREET ADDRESS	495 SE 8TH STREET
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PINO, LORRETA
STREET ADDRESS	411 SE 8TH STREET
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LETIZIA, PHIL
STREET ADDRESS	495 SE 8TH ST
CITY-ST-ZIP	DEERFIELD BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LETIZIA PHIL
1.3 STREET ADDRESS	495 S.E. 8TH ST DEERFIELD BEACH FL 33441
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COOTOU EVELYN
2.3 STREET ADDRESS	501 S.E. 8TH ST
2.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
3.1 TITLE	SECTARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARDY MARY
3.3 STREET ADDRESS	495 S.E. 8TH ST
3.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAMIA FRANCES
4.3 STREET ADDRESS	495 S.E. 8TH ST
4.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LAMIA JOHN
5.3 STREET ADDRESS	495 S.E. 8TH ST
5.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WEIRHEIM MANFRED
6.3 STREET ADDRESS	411 S.E. 8TH ST
6.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441

14. I 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:

[Signature] **SIGNATURE REQUIRED**

April 10 954 427 2836

CR2E037 (10/97)

D

VILARDO Joe

555 SE 8th ST

DEER FIELD BCH

FL 33441

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