NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 723159

1. Corporation Name

BROOKFIELD GARDENS RECREATIONAL CENTER, INC

Principal Place of Business	
CENTER INC	
495 S.E. 8TH ST.	
DEERFIELD BCH. FL 33441	

2. Principal Place of Business

Mailing Address

CENTER INC 495 S.E. 8TH ST.

2a. Mailing Address

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DEERFIELD BCH. FL 33441

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90123 035 ****61.25

3. Date incorporated or Qualifed

04/13/1972

Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
<u></u>	يرسود دي شهد	27		سے سے سے •	59-1538659	Not Applicable		
City & State	-	City & State				S8.75 Additional		
¬ ′	, , i	28			5. Certifcate of Status Desired	Fee Required .		
Zip	Country		Country	-	6. Election Campaign Financing	□ \$5.00 May Be		
<u></u>	25	29 30	. ,		Trust Fund Contribution	Added to Fees		
(4)	9. Name and Address of Current R				10. Name and Address of New Re	gistered Agent		
***************************************	, or teams and Addition of Contests		81	Name				
			\sqcup					
	OOD, WILLIAM C.		82	Street Address (P.O. Box Number is Not Acceptable)				
495 SE 8T	H ST		83			<u> </u>		
APT. 136								
	D BEACH FL 33441		84	City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617,1508, Florida Statutes, ti	he above	-named corpor	ration submits this statement for the pr	urpose of changing its registered		
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of in m familiar with, and accept the obligation	Florida, Such change was autho	rized by t	the corporation	i's board of directors. I hereby accept	the appointment as registered		
agent. I a	m ramiliar with, and accept the colligation	is oi, section on ricoss, monda	JIBIO 163.					
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regis	stered Agent	signature required v	when reinstating)	DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1,1 TITLE	$\exists Y_i$	ETIZIA PHIL	☐ Change ☐ Addition		
NAME	LELIZIA, PHIL		1.2 NAME			,		
STREET ADDRESS	495 SE 8TH ST		1.3 STREET	ADDRESS 4	95 S.E.85 ST	.		
-	DEERFIELD BEACH FL 33441	1	1.4 CITY-ST	7	1-CAC EID BOH F	L 33441		
CITY-ST-ZIP	VP		2.1 TITLE	140		Change Addition		
			2.2 NAME	VP	COUTOU EVELY	_		
NAME	COOTON, EVELYN 501 SE 8TH ST		2.3 STREET		CE ST ST			
STREET ADDRESS	the state of the s	1	2.3 STREET	T ZID	DEERFIELD BeH	1.FL-33441		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33441		3.1 TITLE					
TITLE	S MARY	-		ر کا	HARDY MARY 195 S.E. 855T DEERFIELD BCH			
NAME -	HARDY, MARY		3.2 NAME		AE CE STST			
STREET ADDRESS	495 SE 8TH ST		3.3 STREET	ADDRESS 4	S-ERE ELD ROLL	E1 33441		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33441		3.4. CITY-S	T-ZIP	DECKILE PO DOM	Change Addition		
TITLÉ	T	_	4,1 TITLE	7	AMIA FRANCES	3		
NAME	LAMIA, FRANCES		4. 2 NAME	<i>L</i>	-HING - 85 ST			
STREET ADDRESS	495 SE 8TH ST		4.3 STREET	ADDRESS 4	195 S.E. 85 ST DEERFIELD BC	4 FI 22441		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33441		4.4 CITY-ST	r-ZIP	UEERFIELD DEL	Change Addition		
TILE	D	—, ·	5.1 TITLE	(D)	veirheim manf	R€D □ Change □ Addition		
NAME	LAMIA, JOHN	1	5.2 NAME	ш	11 S.E. 85 ST	•		
STREET ADDRESS	495 SE 8TH ST		5.3 STREET	ADDRESS 7	X Q	H . G1 33 1111.		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000 33441		5.4 CITY-ST		EERFIELD BEAU			
TITLE	D		6.1 TITLE	D	VILARDO SUE	☐ Change ☐ Addition		
NAME	WEIRHEIM, MANFRED		6.2 NAME		55 S.E. 85 St			
STREET ADDRESS	411 SE 8TH ST		6.3 STREET	ADDRESS 3	0 1 1 0	E1 2340,		
CITY_ST_7IP	DEEREIELD BOH EL 33441		6.4 CITY-S1	r-zip \mathcal{D}	EERFIELD BC.	[L 77 []		
14. I hereby o	pertify that the information supplied with t	his filing does not qualify for the	exempti	on stated in Se	ection 119.07(3)(i), Florida Statutes. I f	further certify that the information		

4. 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, with all other like empowered.

(954)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agril 6 427 283 4

____CR2E037 (1:1/98)