


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90276 039 ****61.25

DOCUMENT # 723159 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1538659 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDY, MARY 495 SE 8TH ST. DEERFIELD BEACH FL 33441			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P GOSWICK, WILLIAM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	495 SE 8TH ST		NAME		
STREET ADDRESS	DEERFIELD BEACH FL 33441		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP WERTHEIM, FRED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	411 SE 8TH ST		NAME		
STREET ADDRESS	DEERFIELD BEACH FL 33441		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S HARDY, MARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	495 SE 8TH ST		NAME		
STREET ADDRESS	DEERFIELD BEACH FL 33441		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T SCARDELLI, STELLA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 SE 8TH ST.		NAME		
STREET ADDRESS	DEERFIELD BEACH FL 33441		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CINICOLA, GENE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4040 SE 12 AVE.		NAME		
STREET ADDRESS	DEERFIELD BEACH FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ERRICK, RITA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	411 SE 8TH ST. #228		NAME		
STREET ADDRESS	DEERFIELD BCH. FL 33441		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 617, 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: <u>Mary B Hardy</u> 4/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					