


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 038 ****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		4. FEI Number 59-1538659	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDY, MARY 495 SE 8TH ST. DEERFIELD BEACH FL 33441				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P GOSWICK, WILLIAM 495 SE 8TH ST DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GENE CINICOLA 4040 SE 12TH AVE Deerfield Bch FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERTHEIM, FRED 411 SE 8TH ST DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jadric Gregorius 495 SE 8TH Street Deerfield Bch FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDY, MARY 495 SE 8TH ST DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Casagni 1746 Perside Circle Willington, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCARDELLI, STELLA 501 SE 8TH ST. DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINICOLA, GENE 4040 SE 12 AVE. DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERRICK, RITA 411 SE 8TH ST. #228 DEERFIELD BCH. FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Stella Scardelli</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-26-05 Date		

Daytime Phone #