2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 723159

1. Entity Name



FILED Apr 04, 2006 8:00 am Secretary of State

04-04-2006 90043 021 ****61.25

BROOKFIELD GARDENS RECREATIONAL CENTER, INC Principal Place of Business Mailing Address CENTER INC CENTER INC 495 S.E. 8TH ST. DEERFIELD BCH. FL 33441 495 S.E. 8TH ST. DEERFIELD BCH. FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-1538659 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCAR DELLI STELLA HARDY, MARY Street Address (P.O. Box Number is Not Acceptable) 495 SE 8TH ST. DEERFIELD BEACH FL 33441 (DECEASED) Zip Code EER FIELD BEACH 33441 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. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Florida Department of State Trust Fund Contribution. Added to Fees 4% ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete CINICCLA, GENE NAME NAME STREET ADDRESS 4040 SE 12 AVE ? STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Defete TITLE Change Addition TITLE GREGORLUS, JADIR NAME NAME 475 SF 8 ST STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE CASAGNI, JACKIE NAME NAME 1746 PIERSIDE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP WELLINGTON FL 33414 5 ■ Addition ☐ Delete TITLE TITLE SCARDELLI, STELLA NAME NAME 501 SE 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

SCARDELLI, SECRETARY

SIGNATURE