2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90025 004 ****61.25

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1. Entity Name
CLUB ALOUETTE MEADOWS, INC.

Principal Place of Business	Mailing Address
375 S.W. 56TH AVENUE, BLDG 500, APT 209 MARGATE, FL 33068	375 S.W. 56TH AVENUE, BLDG 500, APT 209 MARGATE, FL 33068

2. Principal Place of Business	3. Mailing Address
377 SW 56th AVENUE	7800 W OAKLAND PARK BLVD
Suite, Apt #, etc.	Suite, Apt. #, etc. G-121
City & State MARGATE, FLORIDA	City & State SUNRISE, FLORIDA
Zip 33068 Country USA	Zip 33351 Country USA

02242004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0706553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST.LAURENT, LOUIS S II 220 N.W. 122 AVENUE CORAL SPRINGS, FL 33071	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BRAZEAU, GAETAN 375 S.W. 56TH AVENUE, BLDG 500, APT 209 MARGATE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKAIB, LAURETTE 5640 S.W. 3RD PALCE BLDG 700 APT. 101 MARGATE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, HUGUETTE 5640 S.W. 3RD PLACE, BLDG 700 MARGATE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Gaetan Brazeau GAETAN BRAZEAU 2-24-04 954-749-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #