

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90197 014 \*\*\*\*61.25

**DOCUMENT # N03000003140**

1. Entity Name  
**CLUB ALOUETTE MEADOWS, INC.**



Principal Place of Business  
**377 SW 56TH AVENUE  
MARGATE, FL 33068 US**

Mailing Address  
**7800 W OAKLAND PARK BLVD  
G-121  
SUNRISE, FL 33351 US**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-NP CR2E037 (11/05)

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, 2006**

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 **D** ☒ Delete  
NAME **RICHARD, HUGUETTE**  
STREET ADDRESS **5640 S.W. 3RD PLACE, BLDG 700**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BOURBONNIERE, FERNAND**  
STREET ADDRESS **5661 SW 2ND CT #109**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **D** ☒ Change ☐ Addition  
NAME **BOURBONNAIS FERNAND**  
STREET ADDRESS **5661 SW 2nd CT #109**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **D** ☒ Delete  
NAME **CODERRE, COLETTE**  
STREET ADDRESS **5621 SW 2ND CT #117**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **PAQUETTE PIERRE**  
STREET ADDRESS **5661 SW 2nd CT #109**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ZAKAIB NORMAND**  
STREET ADDRESS **5661 SW 2nd CT #109**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/06

Date

Daytime Phone #