


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90272 010 \*\*\*\*61.25

<b>DOCUMENT # N03000003140</b> 1. Entity Name <b>CLUB ALOUETTE MEADOWS, INC.</b>					
Principal Place of Business <b>377 SW 56TH AVENUE</b> <b>MARGATE, FL 33068 US</b>			Mailing Address <b>7800 W OAKLAND PARK BLVD</b> <b>G-121</b> <b>SUNRISE, FL 33351 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04182007 Chg-NP CR2E037 (12/06)</span> <span>4. FEI Number <b>20-0706553</b></span> </div> <div style="display: flex; justify-content: flex-end;"> <span>Applied For Not Applicable</span> </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ST. LAURENT, LOUIS S II</b> <b>220 N.W. 122 AVENUE</b> <b>CORAL SPRINGS, FL 33071</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOURBONNAIS, FERNAND</b>		NAME		
STREET ADDRESS	<b>5661 SW 2ND CT #109</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARGATE, FL 33068</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAQUETTE, PIERRE</b>		NAME		
STREET ADDRESS	<b>5661 SW 2ND CT #109</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARGATE, FL 33068</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZAKAIB, NORMAND</b>		NAME	<b>5680 SW 3rd Place #102</b>	
STREET ADDRESS	<b>5661 SW 2ND CT #109</b>		STREET ADDRESS	<b>Margate, Florida 33068</b>	
CITY-ST-ZIP	<b>MARGATE, FL 33068</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Greffard, Serge</b>	
STREET ADDRESS			STREET ADDRESS	<b>5660 SW 3rd Place #202</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Margate, Florida 33068</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Zakaib, Laurette</b>	
STREET ADDRESS			STREET ADDRESS	<b>5640 SW 3rd Place #101</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Margate, Florida 33068</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Levesques, Jacques</b>	
STREET ADDRESS			STREET ADDRESS	<b>5680 SW 3rd Place #102</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Margate, Florida 33068</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>64/19/07 954-749-8802</b> <small>Date Daytime Phone #</small>		