

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003140</b>	
1. Entity Name <b>CLUB ALOUETTE MEADOWS, INC.</b>	
Principal Place of Business <b>377 SW 56TH AVENUE MARGATE, FL 33068 US</b>	Mailing Address <b>7800 W OAKLAND PARK BLVD G-121 SUNRISE, FL 33351 US</b>



03312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0706553</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ST. LAURENT, LOUIS S II 220 N.W. 122 AVENUE CORAL SPRINGS, FL 33071</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKAIB, NORMAND 5680 SW 3RD PLACE #102 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREFFARD, SERGE 5660 SW 3RD PLACE #202 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKAIB, LAURETTE 5640 SW 3RD PLACE #101 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVESQUES, JACQUES 5680 SW 3RD PLACE #102 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80095-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**JACQUES LEVESQUES**

Date

**4/7/08**

Daytime Phone #

**954-749-8802**