

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90086 041 \*\*\*\*61.25

**DOCUMENT # N37692**

1. Entity Name

DELWOOD RECREATION COUNCIL, INC.



Principal Place of Business

6191 SW 37TH ST APT 213  
DAVIE FL 33314

Mailing Address

6191 SW 37TH ST APT 213  
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0418020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADIPIETRO, VINCENT  
6191 SW 37TH STREET APT 213  
DAVIE FL 33314

7. Name and Address of New Registered Agent

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 *Vincent Adipietro* VINCENT ADIPIETRO

2/25/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE P  
NAME SERRICCHIO, ADOLPH  
STREET ADDRESS 6201 S.W. 37TH ST.  
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE S  
NAME CORELIAS, PHIL  
STREET ADDRESS 6201 S.W. 37TH ST.  
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE D  
NAME MCLUNEY, RALPH  
STREET ADDRESS 6201 S.W. 37TH ST.  
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE VP  
NAME STRAZZ, JOSEPH  
STREET ADDRESS 6201 S.W. 37TH ST.  
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE D  
NAME ADIPIETRO, VINCENT  
STREET ADDRESS 6191 SW 37TH ST  
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE  
NAME WARD, STEVE  
STREET ADDRESS 6201 S.W. 37TH ST.  
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES  
NAME NAPOLITANO, WILLIAM  
STREET ADDRESS 6191 S.W. 37TH ST APT-204  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☐ Addition

TITLE S  
NAME DYDYNISKI, ISABELLE  
STREET ADDRESS 6191 S.W. 37TH ST APT-205  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☐ Addition

TITLE D  
NAME TAMBERINO, FRANK  
STREET ADDRESS 6191 S.W. 37TH ST APT-209  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☐ Addition

TITLE D  
NAME GOMFZ, PAULA  
STREET ADDRESS 6191 S.W. 37TH ST APT-214  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☐ Addition

TITLE D  
NAME ADIPIETRO, VINCENT  
STREET ADDRESS 6191 S.W. 37TH ST APT-213  
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☐ Addition

TITLE TREAS  
NAME ~~ADIPETRO~~ ADIPIETRO, VINCENT  
STREET ADDRESS 6191 S.W. 37TH ST APT. 213  
CITY-ST-ZIP DAVIE, FL 33314 ☐ 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: *Vincent Adipietro* VINCENT ADIPIETRO-TREAS 2/25/05 954-583-3194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #