

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 037 ****61.25

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| DOCUMENT # N37692 | |
| 1. Entity Name DELWOOD RECREATION COUNCIL, INC. | |



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| Principal Place of Business 6191 SW 37TH ST APT 213 DAVIE, FL 33314 | Mailing Address 6191 SW 37TH ST APT 213 DAVIE, FL 33314 |
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| 2. Principal Place of Business 6211 SW 37 St Suite, Apt. #, etc. #204 City & State Davie FL Zip 33314 Country | | 3. Mailing Address 6211 SW 37 St Suite, Apt. #, etc. #204 City & State Davie FL Zip 33314 Country | |
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03212006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 65-0418020 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 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 Helen Ritchie Street Address (P.O. Box Number is Not Acceptable) 6211 SW 37 St #204 City Davie FL Zip Code 33314 | |
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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 Helen Ritchie Helen Ritchie 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SERRICCHIO, ADOLPH 6201 S.W. 37TH ST. DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Helen Ritchie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6211 SW 37 Street # 204 DAVIE FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAPOLITANO, WILLIAM 6191 SW 37TH ST, APT 204 DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DYDYSKI, ISABBLE 6191 SW 37 ST, APT 205 DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAMBERINO, FRANK 6191 SW 37TH ST, APT 209 DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADIPIETRO, VINCENT 6191 SW 37TH ST DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADIPIETRO, VINCENT 6191 SW 37TH ST, APT 213 DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Helen Ritchie Helen Ritchie 3/21/06 9547655318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #