


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 004 ****61.25

DOCUMENT # N37692 1. Entity Name DELWOOD RECREATION COUNCIL, INC.					
Principal Place of Business 6211 SW 37 ST 204 DAVIE, FL 33314			Mailing Address 6211 SW 37 ST 204 DAVIE, FL 33314		
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		Country		Country	
6. Name and Address of Current Registered Agent RITCHIE, HELEN 6211 SW 37 ST 204 DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITCHIE, HELEN		NAME		
STREET ADDRESS	6211 SW 37 ST A 204		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAPOLITANO, WILLIAM		NAME	AL SERRICCHIO	
STREET ADDRESS	6191 SW 37TH ST, APT 204		STREET ADDRESS	6201 SW 37 ST, #203	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYDYSKI, JABBLE		NAME	PHIL CONELIAS	
STREET ADDRESS	6191 SW 37 ST, APT 205		STREET ADDRESS	6201 SW 37 ST, #201	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAMBERINO, FRANK		NAME	RALPH MELUNEY	
STREET ADDRESS	6191 SW 37TH ST, APT 209		STREET ADDRESS	6201 SW 37 ST, #111	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ralph Melune</i> <i>treasurer</i> <i>2/21/07</i>			Date: _____ Daytime Phone #: <i>954-587-3702</i>		