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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716534 (3)  
1. Corporation Name  
MEADOWBROOK TOWERS CONDOMINIUM "D", INC.

Principal Place of Business Mailing Address  
232 NORTHEAST 12 AVENUE 232 NORTHEAST 12 AVENUE  
HALLANDALE FL 33009 HALLANDALE FL 33009-4545



|                                |                     |                     |                     |  |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>05/13/1969                                    |  | 3a. Date of Last Report<br>03/08/1996  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>23-7084345  |  | Applied For<br>Not Applicable  |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required   |  |
| 23                             | Zip                 | 28                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |
| 24                             | Country             | 29                  | Zip                 | 30   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TULLER, RIVA  
232 N.E. 12TH AVENUE  
33009

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | TD                   | 1.1 TITLE   |  |
| NAME                       | TULLER, RIVA         | 1.2 NAME  |  |
| STREET ADDRESS             | 232 N E 12 AVE       | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HALLANDALE, FL 00000 | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | PD                   | 2.1 TITLE   |  |
| NAME                       | HURST, JANICE        | 2.2 NAME  |  |
| STREET ADDRESS             | 232 N. E. 12 AVENUE  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HALLANDALE FL        | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD                   | 3.1 TITLE   |  |
| NAME                       | MARCUS, JUDITH       | 3.2 NAME  |  |
| STREET ADDRESS             | 232 N. E. 12 AVENUE  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HALLANDALE FL        | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas

Date

Daytime Phone # 0022656

CR2E037 (9/96)