


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90005 026 \*\*\*\*61.25

**DOCUMENT # 716534**  
1. Entity Name  
**MEADOWBROOK TOWERS CONDOMINIUM "D", INC.**



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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**BRADICAN, M.  
232 NE 12TH AVE  
APT #402  
HALLANDALE BEACH FL 33009**

**7. Name and Address of New Registered Agent**  
Name **MILLER, DELMUS**  
Street Address (P.O. Box Number is Not Acceptable) **232 NE 12th AVE**  
**APT 405**  
City **HALLANDALE BEACH FL**      Zip Code **33009**

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 *Delmus Miller*      DATE **3/4/04**  
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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRADICAN, M. <input checked="" type="checkbox"/> Delete 232 NE 12TH AVE HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, DELMUS <input checked="" type="checkbox"/> Delete 232 NE 12TH AVE HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, LILLIAN <input type="checkbox"/> Delete 232 N. E. 12 AVENUE HALLANDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARINO, F <input type="checkbox"/> Delete 232 N. E. 12 AVENUE HALLANDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMUELS, BARBARA <input type="checkbox"/> Delete 232 NE 12TH AVE. HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILLER, DELMUS 232 NE 12th AVE HALLANDALE BEACH FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARCUS JUDITH 232 NE 12th AVE HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIPSENTHAL-ROBERT 232 NE 12th AVE HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Delmus Miller*      DATE **3/4/04**      DAYTIME PHONE # **954-455-9154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #