

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90404 009 ****61.25



DOCUMENT # 716534

1. Entity Name
MEADOWBROOK TOWERS CONDOMINIUM "D", INC.

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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: 23-7084345 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
MILLER, DELMUS
 232 NE 12TH AVE
 APT #405
 HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent
 Name: **LIPSENTHAL ROBERT**
 Street Address (P.O. Box Number is Not Acceptable): **232 NE 12th AVE**
HALLANDALE BEACH
 City: **APT # 308** 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: **LIPSENTHAL ROBERT Robert Lipsenthal - PRESIDENT** 3/23/06
(NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MILLER, DELMUS STREET ADDRESS: 232 NE 12TH AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: LIPSENTHAL ROBERT STREET ADDRESS: 232 NE 12th AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MARCUS, JUDITH STREET ADDRESS: 232 NE 12TH AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: T NAME: MARCUS JUDITH STREET ADDRESS: 232 NE 12th AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MARTIN, LILLIAN STREET ADDRESS: 232 N. E. 12 AVENUE CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> Delete	TITLE: VD NAME: MARTIN LILLIAN STREET ADDRESS: 232 NE 12th AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SAMUELS, BARBARA STREET ADDRESS: 232 NE 12TH AVE. CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: S NAME: SAMUELS BARBARA STREET ADDRESS: 232 NE 12th AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LIPSENTHAL, ROBERT STREET ADDRESS: 232 NE 12TH AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: DELMUS MILLER STREET ADDRESS: 232 NE 12th AVE CITY-ST-ZIP: HALLANDALE FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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 Section 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: **Judith Marcus** JUDITH MARCUS 3/23/06 954 456-7937