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FILED

May 15 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 # 721715 (1)

1. Corporation Name

MEADOWBROOK TOWERS CONDOMINIUM "J", INC.



Principal Place of Business

Mailing Address

300 N E 12TH AVE  
HALLANDALE FL 33009

300 N E 12TH AVE  
HALLANDALE FL 33009-4503

3. Date Incorporated or Qualified  
09/16/1971

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

59-1365557

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENNER, SUSAN  
300 NE 12 AVE.  
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AT  
NAME MCCARTY, JAMES  
STREET ADDRESS 300 N E 12TH AVE.  
CITY-ST-ZIP HALLANDALE, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 ST. S  
1.4 CITY-ST-ZIP

TITLE ~~MD~~ TD  
NAME WINTER, PHILIP  
STREET ADDRESS 300 NE 12TH AVE.  
CITY-ST-ZIP HALLANDALE, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME BRENNER, SUSAN  
STREET ADDRESS 300 NE 12TH AVENUE  
CITY-ST-ZIP HALLANDALE, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME KAPLAN, GERTRUDE  
STREET ADDRESS 300 NE 12TH AVENUE  
CITY-ST-ZIP HALLANDALE, FL 00000

4.1 TITLE PD  
4.2 NAME COHEN, JOEL  
4.3 STREET ADDRESS 300 NE 12th Ave  
4.4 CITY-ST-ZIP Hallandale, FL 33009

TITLE PD  
NAME LOOS, ELEANOR  
STREET ADDRESS 300 NE 12TH AVE  
CITY-ST-ZIP HALLANDALE FL

5.1 TITLE VD  
5.2 NAME Ionadi, Mary  
5.3 STREET ADDRESS 300 NE 12th Ave.  
5.4 CITY-ST-ZIP Hallandale, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

SUSAN BRENNER 3/1/97 954-414-5598

Date

Daytime Phone # 0022655

CR2E037 (9/96)