

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721715

FILED
Apr 21, 2009
Secretary of State

Entity Name: MEADOWBROOK TOWERS CONDOMINIUM "J", INC.

Current Principal Place of Business:

C/O S FL MANAGEMENT
PO BOX 25495
TAMARAC, FL 33351

New Principal Place of Business:

C/O S FL MANAGEMENT
3801 N UNIVERSITY
SUNRISE, FL 33351

Current Mailing Address:

300 N E 12TH AVE.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 59-136557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANZULLO, FRED VP
300 NE 12 AVE.
APT 106
HALLANDALE BCH., FL 33009 US

Name and Address of New Registered Agent:

KAYE & BENDER PI
6261 NW 6TH WAY
SUITE 103
FT LAUDERDALE, FL 33009 US

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.

SIGNATURE: MICHAEL BENDER

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARANZULLO, THERESA
Address: 300 NE 12 AVE. APT. 108
City-St-Zip: HALLANDALE, BCH., FL 33009

Title: VP () Delete
Name: ARANZULLO, FRED
Address: 300 NE 12TH AVE. APT. 106
City-St-Zip: HALLANDALE, BCH., FL 33009

Title: TR (X) Delete
Name: ARANZULLO, FRED
Address: 300 NE 12TH AVE.
City-St-Zip: HALLANDALE, BCH., FL 33009

Title: SEC () Delete
Name: LAVERONI, MILDRED
Address: 300 NW 12TH AVE
City-St-Zip: HALLANDALE, BCH., FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARANZULLO, THERESA
Address: 3801 N UNIVERSITY DR
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: ARANZULLO, FRED
Address: 3801 N UNIVERSITY DR
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: LAVERONI, MILDRED
Address: 3801 N UNIVERSITY DR
City-St-Zip: SUNRSIE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY KOMOREK

CAM

04/21/2009

Electronic Signature of Signing Officer or Director

Date