

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726122

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MEADOWBROOK I-J-K-L CORPORATION, INC.

**Current Principal Place of Business:**

320 NE 12TH AVENUE  
208  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 NE 12TH AVENUE  
208  
HALLANDALE, FL 33009 US

**New Mailing Address:**

3801 N UNIVERSITY DR  
SUITE 308  
SUNRISE, FL 33351 US

FEI Number: 59-1446098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

S. FLORIDA MGMT SERVICES  
4953 NW 95TH AVE  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

KAYE & BENDER PI  
6261 NW 6TH WAY  
FT LAUDERDALE, FL 33309 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: P ( ) Delete  
Name: ARANZUKO, FRED  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: VP ( ) Delete  
Name: FALUS, SUSAN  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D ( ) Delete  
Name: BRESSINGER, TROY  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D ( ) Delete  
Name: MEKIS, MIKE  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D ( ) Delete  
Name: CARELLA, JOSEPH  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: T ( ) Delete  
Name: HARTMAN, ESTELLE  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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