

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726970** (7)
1. Corporation Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8, INC.



Principal Place of Business Mailing Address
900 NE 12TH AVE #502 HALLANDALE FL 33009 US

3. Date Incorporated or Qualified **07/16/1973** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-1511802** Applied For Not Applicable
5. 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**BUSSOLA, RALPH
900 N.E. 12TH AVENUE, #502
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name **WILLIAM B. CONSER**
82 Street Address (P.O. Box Number is Not Acceptable) **900 N.E. 12 AVE #204**
83
84 City **HALLANDALE** FL 85 Zip Code **33009**

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 *William B. Conser* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMMOND, SANDRA	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COSENTINO, MARINA	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MALRYA, SYLVIA	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONSER, WILLIAM B.	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONSER, WILLIAM	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREAS/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDRA HAMMOND	
1.3 STREET ADDRESS	900 N.E. 12 AVE	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SEC/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HELENA KAUFMAN	
5.3 STREET ADDRESS	900 N.E. 12 AVE	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
6.1 TITLE	506 PETRILLO DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	900 N.E. 12 AVE	
6.3 STREET ADDRESS	HALLANDALE FL	
6.4 CITY-ST-ZIP	33009	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Hammond* Date: *8/1/96* Daytime Phone #: *458-8183*

CR2E037 (12/95)