

FILE NOW: FILING FEE IS \$61.25

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**Feb 10 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 # 726970 (7)

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8, INC.



Principal Place of Business: 900 NE 12TH AVE #502 HALLANDALE FL 33009 US
Mailing Address: 900 NE 12TH AVE #502 HALLANDALE FL 33009-2656 US

3. Date Incorporated or Qualified: 07/16/1973
3a. Date of Last Report: 05/24/1996
4. FEI Number: 59-1511802
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

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

9. Name and Address of Current Registered Agent
CONSER, WILLIAM B
900 N.E. 12 AVE
#204
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMMOND, SANDRA	
STREET ADDRESS	900 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETRILLO, SOC	
STREET ADDRESS	900 N.E. 12 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	SD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, HELENA	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED FUMINIO - D
2.3 STREET ADDRESS	900 N.E. 12 AVE
2.4 CITY-ST-ZIP	HALLANDALE FL 33009
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JD MALRYA, SYLVIA
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD STEVE JANKOWSKI
5.3 STREET ADDRESS	900 NE 12 AVE
5.4 CITY-ST-ZIP	HALLANDALE FL 33009
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra Hammond* 2/3/97 954-458-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022521

CR2E037 (9/96)