FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

726970

(7)

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8,

1110-											
Principal Place of Business				Mailing Address				4 reacus notice indire entire indire source delice prouve by the delicit of the control of the c			
800 NE 12TH AVE #502 HALLANDALE FL 33009 US				900 NE 12TH AVE #502 HALLANDALE FL 33009 US				3. Date incorporated or Qualified 07/16/1973 4. FEI Number Applied For 59-1511802 Not Applicable			
Principal Place of Busin	ness		-)				5. Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				6. Election Campeign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & State			28	City & State				7. Is this nonprofit corporation a homeowners association? XYes No			
Zip	25				30 Co	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No N			
							10. Name and Address of New Registered Agent				
						81	Name	,			
					82	Street Address (P.O. Box Number is Not Acceptable)					
#204	200					83					
HALLANDALE FL 33009							City	FL 85 Zip Code			
	Principal Place of Busin Sulte, Apt. #. etc. City & State Zip 9. Name CONSER, WILLIAM 900 N.E. 12 AVE #204 HALLANDALE FL 33	incipal Place of Business NE 12TH AVE 12 LLANDALE FL 33009 Principal Place of Business Sulte, Apt. #, etc. City & State Zip 25 9. Name and CONSER, WILLIAM B 900 N.E. 12 AVE #204 HALLANDALE FL 33009	incipal Place of Business NE 12TH AVE 12 LLANDALE FL 33009 Principal Place of Business Sulte, Apt. #, etc. City & State Zip	incipal Place of Business NE 12TH AVE IX ILANDALE FL 33009 Principal Place of Business Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 9. Name and Address of Current Region CONSER, WILLIAM B 900 N.E. 12 AVE #204 HALLANDALE FL 33009	incipal Place of Business NE 12TH AVE 1502 HALLANDALE FL 33009 Principal Place of Business 28. Mailing Address US Principal Place of Business 29. Mailing Address 28. Suite, Apt. #, etc. City & State City & State Zip Country 29 9. Name and Address of Current Registered Agent CONSER, WILLIAM B 900 N.E. 12 AVE #204 HALLANDALE FL 33009	incipal Place of Business NE 12TH AVE 1502 1602 1602 1602 1603 1603 1603 1603 1603 1603 1603 1603	incipal Place of Business NE 12TH AVE 1502 1502 1602 1603 1603 17	Mailing Address NE 12TH AVE 900 NE 12TH AVE 9502 HALLANDALE FL 33009 Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. City & State City & State Zip Country 25 Name and Address of Current Registered Agent CONSER, WILLIAM B 900 N.E. 12 AVE #204 HALLANDALE FL 33009 Mailing Address Call Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Country Zip Country Zip Country Si Name 81 Name 82 Street Address 83 HALLANDALE FL 33009			

1. 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 suthorized 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.

office or re agent. I a	egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was a of, Section 617.0503, Flo	uthorized by the corpora rida Statutes.	ition's board of directors. I he	ereby accept the apt	ointment as	registerea
SIGNATURE _	Signature, typed or printed name of registered agont and til	the discontinuable Alexander	: Registered Agent signature requi	lead when reinstations	DATE		
12.	OFFICERS AND DIRE		13,	ADDITIONS/CHANGES		DIRECTOR	S IN 12
TITLE	TD	DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	HAMMOND, SANDRA		1.2 NAME				
STREET ADDRESS	900 NE 12TH AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY - ST - ZIP				
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	FUMINIO, FRED		2.2 NAME				
STREET ADDRESS	900 N.E. 12 AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 00000		2.4 CITY-ST-ZIP		*15 mg		
TITLE	SD	DELETE	3.1 TITLE			Change	Addition
NAME	MACAYA, SLYVIA		3.2 NAME				
STREET ADDRESS	900 NE 12TH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 00000		3.4. CITY-ST-ZIP				
TITLE	PD	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	CONSER, WILLIAM B.		4. 2 NAME				
STREET ADDRESS	900 NE 12TH AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 00000		4.4 CITY - ST - ZIP				
TITLE	VPD	DELETE	5.1 TITLE			Change	Addition
NAME	Jankowski, steve		5.2 NAME				
STREET ADDRESS	900 NE 12TH AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 00000		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			8.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

I 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 of 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, of on an attachment with an address.

SIGNATURE:

4. A. C. ...

SANDER HAMMOND

4/1/98

FILED

Apr 14 1998 8:00am

Secretary of State

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CR2E037 (10/97)