

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State



DOCUMENT # 726970
 1. Entity Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8, INC.

Principal Place of Business: Mailing Address:
900 NE 12TH AVE OFFICE HALLANDALE, FL 33009 US **900 NE 12TH AVE OFFICE HALLANDALE, FL 33009 US**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-1511802** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAMMOND, SANDRA
900 NE 12TH AVE
APT. 304
HALLANDALE, FL 33009

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMMOND, SANDRA 900 N.E. 12 AVE APT 304 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAGENTI, ANGELO G 900 NE 12 AVE APT 602 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONSER, WILLIAM 900 NE 12TH AVE, #204 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PINKUSEVICH, RAFAIL 900 NE 12TH AVE, #301 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/05-80039-016 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another one empowered.

SIGNATURE: Sandra Hammond **SANDRA HAMMOND** 4/18/05 205-931-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #