

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 # 728481 (3)

1. Corporation Name

THE MEADOWS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

377 SW 56TH AVENUE
MARGATE FL 33068

377 SW 56TH AVENUE
MARGATE FL 33068

3. Date Incorporated or Qualified
12/26/1973

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1532044

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLIFKAFF, GARY A
EMERALD LAKE COPORATE PARK
3111 STIRLING RD
FT. LAUDERDALE FL 33312**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOCCHINO, JOHN	
STREET ADDRESS	5621 S.W. 2ND COURT 117	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	D'ASCENTIS, JOHN	
STREET ADDRESS	375 SW 56TH AVE 109	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARTMANN, RICHARD	
STREET ADDRESS	5641 S.W. 2ND COURT 201	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORRENTI, CAROL	
STREET ADDRESS	5640 S.W. 3RD PLACE 201	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDUJAR, JOSE	
STREET ADDRESS	5620 S.W. 3RD PLACE 106	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBIN, CARL	
STREET ADDRESS	5661 S.W. 2ND COURT 208	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD, D'ASCENTIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDUJAR, JOSE	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

Richard Hartmann TREAS

1/29/96

(Signature and typed or printed name of signing officer or director)

Daytime Phone #

CR2E037 (12/95)