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Feb 25 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 # 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 33068-1835

3. Date Incorporated or Qualified 12/26/1973
3a. Date of Last Report 02/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1532044		Applied For Not Applicable	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DEASCENTIS, JOHN	1.1 TITLE PD	RICHARD J. HARTMANN
NAME	5621 S.W. 2ND COURT 117	1.2 NAME	5641 S.W. 2ND COURT
STREET ADDRESS	MARGATE FL	1.3 STREET ADDRESS	MARGATE, FLORIDA 33068
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	ANDUJAR, JOSE	2.1 TITLE	
NAME	375 SW 56TH AVE 109	2.2 NAME	
STREET ADDRESS	MARGATE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	HARTMANN, RICHARD	3.1 TITLE PD	RAYMOND LAVOIE
NAME	5641 S.W. 2ND COURT 201	3.2 NAME	5680 S.W. 3RD PLACE
STREET ADDRESS	MARGATE FL	3.3 STREET ADDRESS	MARGATE, FLORIDA 33068
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	CORRENTI, CAROL	4.1 TITLE	
NAME	5640 S.W. 3RD PLACE 201	4.2 NAME	
STREET ADDRESS	MARGATE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	ANDUJAR, JOSE	5.1 TITLE D	ETTORE G. MAGLIOLA
NAME	5620 S.W. 3RD PLACE 106	5.2 NAME	5681 S.W. 2ND COURT
STREET ADDRESS	MARGATE FL	5.3 STREET ADDRESS	MARGATE, FLORIDA 33068
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	RUBIN, CARL	6.1 TITLE D.	ANDRE CHARETTE
NAME	5661 S.W. 2ND COURT 208	6.2 NAME	5621 S.W. 2ND COURT
STREET ADDRESS	MARGATE FL	6.3 STREET ADDRESS	MARGATE, FLORIDA 33068
CITY-ST-ZIP		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)(b), 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 as an attachment with an address.

SIGNATURE: Richard Hartmann RICHARD J. HARTMANN PRES 2/17/97 954920383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone # 0025700

CR2E037 (9/96)