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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728481

1. Corporation Name
THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 377 SW 56TH AVENUE MARGATE FL 33068	Mailing Address 377 SW 56TH AVENUE MARGATE FL 33068
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1532044
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLIFKAFF, GARY A EMMERALD 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, RICHARD J.	1.2 NAME	
STREET ADDRESS	5641 SW 2 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDUJAR, JOSE	2.2 NAME	
STREET ADDRESS	375 SW 56TH AVE 109	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVOIE, RAYMOND	3.2 NAME	
STREET ADDRESS	5680 SW 3 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRENTI, CAROL	4.2 NAME	
STREET ADDRESS	5640 S.W. 3RD PLACE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUDREAU, GASTON	5.2 NAME	D IRMA MAGLIOLA
STREET ADDRESS	5681 SW 2 CT	5.3 STREET ADDRESS	5681 SW 2CT
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE FL 33068
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARETTE, ANDRE	6.2 NAME	
STREET ADDRESS	5621 SW 2 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Richard J. Hartman DATE: 3/16/99 DAYTIME PHONE #: RS4972-3583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)