


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90027 003 \*\*\*\*61.25

<b>DOCUMENT # 730679</b>			
1. Entity Name <b>MEADOWBROOK ASSOCIATION SECTION A, INC.</b>			
Principal Place of Business C/O CARLOS I CASTELBLANCO 421 NE 14 AVE #206 HALLANDALE FL 33009 US		Mailing Address C/O CARLOS I CASTELBLANCO 421 NE 14 AVE #101 HALLANDALE FL 33009 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1660412</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CALLEJA, LINDA 421 NE 14 AVE - 406 HALLANDALE BEACH FL 33009</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CALLEJA, LINDA 421 NE 14 AVE - 406 HALLANDALE BEACH FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HUBERT GRANDE 501 NE 14 AVE - 203 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DJULVEZAN, PAVEL D 420 NE 14TH AVENUE, #402 HALLANDALE BEACH FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JOSEPHINE ARNOVE 421 NE 14 AVE - 408 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> ARDITO, TAMMY 501 NE 14 AVE #702 HALLANDALE BEACH FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> LAVINEL ZURZ 500 NE 12 AVE - 301 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BUTLER, SUZANNE 421 NE 14 AVE #701 HALLANDALE BEACH FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SHELDON KAUFMAN 500 NE 12 AVE 304 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TZIMORANGES, GEORGE 421 NE 14 AVE #404 HALLANDALE BEACH FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> LOUISE PIOTTI 420 NE 12 AV. 103 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> REISEN, JOSEPH 500 NE 12TH AVE HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LEW AZAROFF 420 NE 12 AVE - 608 HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE *Linda Calleja* PRES. LINDA CALLEJA 3-7-06