

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "A", INC.
Corporation #757065

Principal Place of Business

Mailing Address

315 Southeast Third Street
Dania, FL 33004

700001779717
-04/15/96--01030--009
***200.00

3. Date incorporated or Qualified

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 Same as above!

26 Same as above!

4. FEI Number

59-2166947

Applied For

Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joseph Maniglia

81 Name

D. Bernice Dering

82 Street Address (P.O. Box Number is Not Acceptable)

315 Southeast Third St.

83

Dania, FL 33004

84 City

Dania

FL

85 Zip Code 33004

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

D. Bernice Dering

3/1/96

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	Joseph Maniglia, Pres.	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Matthew Smorto, Vice Pres	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Frank Taylor, Treas.	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Anthony Crisafulli, Sec.	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D. Bernice Dering	
13 STREET ADDRESS	321 Southeast Third St., #102	
14 CITY-ST-ZIP	Dania, FL 33004	
21 TITLE	Vice President /Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Matthew Smorto	
23 STREET ADDRESS	311 Southeast Third St., #104	
24 CITY-ST-ZIP	Dania, FL 33004	
31 TITLE	Treasurer /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Patrick Mone	
33 STREET ADDRESS	321 Southeast Third St., #106	
34 CITY-ST-ZIP	Dania, FL 33004	
41 TITLE	Secretary /Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Anthony Crisafulli	
43 STREET ADDRESS	301 Southeast Third St., #404	
44 CITY-ST-ZIP	Dania, FL 33004	
51 TITLE	Director - Joseph Dodd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Director - Joseph Dodd	
53 STREET ADDRESS	311 Southeast Third St., #308	
54 CITY-ST-ZIP	Dania, FL 33004	
61 TITLE	Director - Irving Silverman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Director - Irving Silverman	
63 STREET ADDRESS	301 Southeast Third St., #207	
64 CITY-ST-ZIP	Dania, FL 33004	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Bernice Dering

3/1/96

(954) 925-6208

CR2E034 (12/95)

AED
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