FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757065

1. Corporation Name

MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "A". INC.

Principal Place of Business 315 SE 3 STREET DANIA FL 33004-4011 Mailing Address

315 SE 3 STREET DANIA FL 33004-4011

FILED Mar 10, 1999 8:00 am § Secretary of State

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					:				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			03/16/1981				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For	
22		27			59-2166947		No	Applicable	
City & State	a Beach, FL	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required			
		Zip	Country		6. Election Campaign Finance	ing 🖂	\$5.00	May Be	
Zip 3 3 0 0 4			0	Trust Fund Contribution Add		Added to	Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81 Name D. Bernice Dering					
DERING, BERNICE D)			82 Street Address (P.O. Box Number is Not Acceptable)						
315 SE 3RO ST]			. ,			
DANIA FL 33004			83				•		
DAME I'L			84	City			85 Zip C	ode	
			- 1	1		FL	.		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 617.1508, Florida Statutes,	, the abov	e-named	corporation submits this statement for	the purpose of	changing its	registered	
office or re	egistered agent, of both, in the State of	of Florida. Such change was auth ions of Section 617.0503. Florid	nonzed by a Statutes	the corpo i.	pration's board of directors, I nereby a	coeht rie abbou	imiliaiir 92 196	gia toro U	
		X		D.	Bernice Dering_	2	/10/99	1	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age		equired when reinstating)				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	PD	DELETE	1.1 TITLE		PD		☐ Change	Addition	
NAME	MANIGLIA, JOSEPH	•	1.2 NAME	ļ	Dering, D. Ber				
STREET ADDRESS	315 SE-THIRD ST		1.3 STREE	T ADDRESS	321 SE Third St				
CITY-ST-ZIP	ĐANIA FL		1.4 CITY-S	T-ZIP	<u>Dania Beach, FL</u>	33004	-	F-1 & 1 200	
TITLE	VPD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	PIA, MARY ANN		2.2 NAME						
STREET ADDRESS	311 SE 3RD ST #207		2.3 STREE	TADORESS	Desired Paragraph CVI-	-33004			
CITY-ST-ZIP	DANIA FL 33004		2. 4 CITY-5	ST-ZIP	-Dania Beach, FL	J3004	O O!	F-1 & 1 200	
TITLE	TD	☐ DELETE	3.1 TITLE		,		Change	Addition	
NAME	MONE, PATRICK		3.2 NAME						
STREET ADDRESS	321 SE 3RD ST #106		3.3 STREE	T ADDRESS		. 0.0001			
CITY-ST-ZIP	DANIA FL 33004		3.4. CITY-5	ST-ZIP	Dania Beach, FL	33004			
TITLE	SD	DELETE	4.1 TITLE		/SD		Change	Addition	
NAME	COFRANCESCO, WILLIAM		4. 2 NAME	ı	Kahn, Florence				
STREET ADDRESS	311 SE-8RD ST APT #505		4.3 STREE	T ADDRESS	301 SE Third St	#2NQ			
CITY-ST-ZIP	DANIA FL 33004		4.4 CITY-S	T-ZIP	Dania Beach, FL		<u> </u>		
TITLE	D	DELETE	5.1 TITLE		·	33004	☐ Change	Addition	
NAME	MANIGLIA, JOSEPH		5.2 NAME		D Tomos /	•			
STREET ADDRESS	301 SE 3RD ST #602		5.3 STREE	TADDRESS	Lemrow, Joyce	"110			
CITY-ST-ZIP	ĐANIA FL 33004	<u> </u>	5.4 CITY-8	ST-ZIP	311 SE Third St				
TITLE	D	☐ DELETE	6.1 TITLE		Dania Beach, FL	33004	Change	Addition	
NAME	ALBA, CHARLES		6.2 NAME			•			
			6.3 STREE	TADDRESS					
CITY ST 71B	DANIA EL 33004		6.4 CITY-S	ST-ZIP	Dania Beach, FL	33004			

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 empswered 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 an an attachment with an accuracy, with all other like empowered.

SIGNATURE:

IGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (954) 925-6208

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