FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36336 (8)

1. Corporation Name

MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "C", INC.

Principal Place of Business	Mailing Address
170 S.E. 5TH AVENUE DANIA FL 33004	170 S.E. 5TH AVENUE DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-2997200 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

~~RANELLI, VINCENT~~
~~190 S.E. 5TH AVENUE, #504~~
~~DANIA FL 33004~~

10. Name and Address of New Registered Agent

81 Name: John Esposito
82 Street Address (P.O. Box Number is Not Acceptable): 190 S.E. 5th Ave # 408
83
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: John Esposito — 4/25/95
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	1.1 TITLE	TD ☐ Change ☒ Addition
NAME	~~RANELLI, VINCENT~~	1.2 NAME	Perrota, Tony
STREET ADDRESS	~~190 S.E. 5TH AVENUE, #504~~	1.3 STREET ADDRESS	170 S.E.5th Ave # 305N
CITY-ST-ZIP	~~DANIA FL 33004~~	1.4 CITY-ST-ZIP	Dania, Fl 33004
TITLE	VD	2.1 TITLE	TD ☐ Change ☒ Addition
NAME	CORBEIL, FERNAND	2.2 NAME	Di Fernando Carmela
STREET ADDRESS	190 S.E. 5TH AVENUE, #507	2.3 STREET ADDRESS	170 S.E. 5th Ave #104N
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	Dania, Fl 33004
TITLE	STD	3.1 TITLE	TD ☐ Change ☒ Addition
NAME	ESPOSITO, JOHN	3.2 NAME	Juliano, Ralph
STREET ADDRESS	190 S.E. 5TH AVENUE, #408	3.3 STREET ADDRESS	190 S.E. 5th Ave #201M
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	Dania, Fl 33004
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	PASCALE, FRANK	4.2 NAME	
STREET ADDRESS	170 S.E. 5TH AVENUE, #307	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHARRON, CLAIRE	5.2 NAME	
STREET ADDRESS	170 S.E. 5TH AVENUE, #407	5.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	~~DEVINE, THOMAS~~	6.2 NAME	
STREET ADDRESS	~~170 S.E. 5TH AVENUE, #506~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~DANIA FL 33004~~	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: [signature] V.P. PRESIDENT March 8/95 922.6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0697174