

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **727101** (8)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.

Principal Place of Business

**901 N.E. 14 AVE.
HALLANDALE FL 33009**

Mailing Address

**901 N.E. 14 AVE.
HALLANDALE FL 33009**



3. Date Incorporated or Qualified
03/13/1973

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1511002

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAJOR, JEAN
901 NE 14TH AVE
HALLANDALE FL 33009**

81 Name

Casper A. Campana

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

901 NE 14th Ave #307

83

Hallandale Florida, 33009

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 *Casper A. Campana* **Casper Campana**

DATE **5/2/96**

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** ☒ DELETE
NAME **MAJOR, JEAN**
STREET ADDRESS **901 NE 14 AVE**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Casper Campana**
1.3 STREET ADDRESS **901 NE 14th Ave, #307**
1.4 CITY-ST-ZIP **Hallandale Fl., 33009**

TITLE **VD** ☐ DELETE
NAME **SOLOMON, ISAAC**
STREET ADDRESS **901 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Lucille Hartman**
2.3 STREET ADDRESS **901 NE 14th Ave**
2.4 CITY-ST-ZIP **Hallandale Fl. 33009**

TITLE **TS** ☒ DELETE
NAME **CAMPANA, CASPER**
STREET ADDRESS **901 NE 14 AVE**
CITY-ST-ZIP **HALLANDALE FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Elaine GrossoManides**
3.3 STREET ADDRESS **901 NE 14th Ave, ##403**
3.4 CITY-ST-ZIP **Hallandale Fl., 33009**

TITLE **VD** ☒ DELETE
NAME **GOLDEN, ALBERT**
STREET ADDRESS **901 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE, FL 00000**

4.1 TITLE **VD** ☐ Change ☐ Addition
4.2 NAME **Samuel Katzoff**
4.3 STREET ADDRESS **901 NE 14th Ave, #208**
4.4 CITY-ST-ZIP **Hallandale Fl. 33009**

TITLE **VP** ☐ DELETE
NAME **BERECK, AARON**
STREET ADDRESS **901 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Casper A. Campana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

Date

Daytime Phone #

CR2E037 (12/95)