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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727101

1. Corporation Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.

Principal Place of Business	Mailing Address
901 N.E. 14 AVE. HALLANDALE FL 33009	901 N.E. 14 AVE. HALLANDALE FL 33009

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/13/1973

4. FEI Number: 59-1511002 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERRON, PATRICIA		1.2 NAME		
STREET ADDRESS	901 N.E. 14TH AVE, #707		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MAJOR, JEANNINE M		2.2 NAME	MATHER BRUCE	
STREET ADDRESS	901 N.E. 14TH AVE., #505		2.3 STREET ADDRESS	901 N.E. 14th AVE #708	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, LUCILLE		3.2 NAME		
STREET ADDRESS	900 N.E. 14TH AVE., #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEIS, JOEL		4. 2 NAME		
STREET ADDRESS	901 N.E. 14TH AVE., #306		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TRD	☒ DELETE	5.1 TITLE	TRD	☐ Change ☒ Addition
NAME	KAHN, MARTIN		5.2 NAME	MAJOR, JEANNINE M	
STREET ADDRESS	901 N.E. 141TH AVE		5.3 STREET ADDRESS	901 N.E. 14th Ave #505	
CITY-ST-ZIP	HALLANDALE, FL 00000 33009		5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: Lucille Hartman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/18/99 Date — 954-454-8834 Daytime Phone #