

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90134 011 \*\*\*\*61.25

0026744

DOCUMENT # 728481

1. Corporation Name

THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

377 SW 56TH AVENUE  
MARGATE FL 33068

Mailing Address

377 SW 56TH AVENUE  
MARGATE FL 33068



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/26/1973

4. FEI Number

59-1532044

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

9. Name and Address of Current Registered Agent

POLIFKAFF, GARY A  
EMERALD LAKE COPORATE PARK  
3111 STIRLING RD  
FT. LAUDERDALE FL 33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTMAN, RICHARD J.	
STREET ADDRESS	5641 SW 2 CT	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANDUJAR, JOSE	
STREET ADDRESS	375 SW 56TH AVE 109	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAVOIE, RAYMOND	
STREET ADDRESS	5680 SW 3 PLACE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORRENTI, CAROL	
STREET ADDRESS	5640 S.W. 3RD PLACE 201	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOUDREAU, GASTON	
STREET ADDRESS	5681 SW 2 CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARETTE, ANDRE	
STREET ADDRESS	5621 SW 2 CT	
CITY-ST-ZIP	MARGATE FL 33068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	IRMA MAGLIOLA
5.4 CITY-ST-ZIP	5681 SW 2CT
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	MARGATE FL 33068

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. HARTMAN

3/16/99 854-972-3583

CR2E037 (11/98)