

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90043 024 ****61.25

DOCUMENT # 727101

1. Entity 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**

24031977



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1511002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUCILLE HARTMAN
901 NE 14TH AVE. APT. 105
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **DOMENIC, MARIANI**
STREET ADDRESS **901 NE 14TH AVE. #607**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP**
NAME **WEISS, JOEL**
STREET ADDRESS **901 NE 14TH AVE. #306**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VP** ☐ Delete
NAME **HARTMAO, LUCILLE** **OK**
STREET ADDRESS **901 NE 14TH AVE. #105**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☐ Delete
NAME **FLORIN, KATHY** **OK**
STREET ADDRESS **901 NE 14TH AVE. #101**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VPD** ☒ Delete
NAME **HARTMAN, LUCILLE**
STREET ADDRESS **901 NE 14TH AVENUE 101**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD** ☒ Delete
NAME **BALY, ALBERTO**
STREET ADDRESS **901 14TH AVE. #504**
CITY-ST-ZIP **HALLANDALE FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Martha Kahn Treas.**
STREET ADDRESS **901 NE 14th Ave**
CITY-ST-ZIP **Hallandale Beach FL 33009**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

L Hartman VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04