

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 007 ****61.25

DOCUMENT # 726970 1. Entity Name MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #8, INC.					
Principal Place of Business 900 NE 12TH AVE OFFICE HALLANDALE, FL 33009 US			Mailing Address 900 NE 12TH AVE OFFICE HALLANDALE, FL 33009 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1511802	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACAYA, SYLVIA M 900 NE 12TH AVE APT. 701 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name SANDRA HAMMOND Street Address (P.O. Box Number is Not Acceptable) 900 N.E. 12 AVE Apt 304 City HALLANDALE BEACH FL Zip Code 33009	
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 SANDRA HAMMOND TREAS 4/30/04 <small>(NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRISON, STEVEN 900 NE 12TH AVE APT 607 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANDRA HAMMOND 900 N.E. 12 AVE APT 304 HALLANDALE BEACH FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARDONE, ANTHONY 900 NE 12TH AVE APT 03 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANGELO G. VAGENTI 900 NE 12 AVE Apt 602 HALLANDALE BEACH FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACAYA, SYLVIA M 900 NE 12TH AVE, #701 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CONSER, WILLIAM 900 NE 12TH AVE, #204 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOWSKI, STEPHEN 900 NE 12TH AVE APT 208 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PINKUSEVICH, RAFAIL 900 NE 12TH AVE, #301 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
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: TREAS 4-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					