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Jun 28, 2004 8:00 am
Secretary of State
05-03-2004 90702 012 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717367

1. Entity Name
MEADOWBROOK TOWERS CONDOMINIUM "F", INC.

Principal Place of Business	Mailing Address
620 NORTHEAST 12TH AVENUE HALLANDALE, FL 33009	LANDMARK MANAGEMENT SERVICES 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330 US

DD46JU0J

[redacted]

04282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1285784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDMARK MANAGEMENT SERVICE, INC. 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330	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] DATE 6/10/04
Signature, type or printed name of registered agent and title if officer. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR/SD TR MICELL, MIRIAM 620 NORTHEAST 12TH AVENUE #407 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSINI, RITA 620 NE 12 AVE #201 Hallandale, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLEIN, CARLA 620 NE 12TH AVE., #701 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D Mindel, LAZAR 620 NE 12 AVE #306 Hallandale, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTINEZ, VINCENT 620 NE 12TH AVE #507 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, ARTHUR 620 NE 12TH AVE #504 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRES MARIANI, THOMAS 620 NE 2 AVE 204 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARREN, WILLIAM 620 NE 12 AVE #608 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #