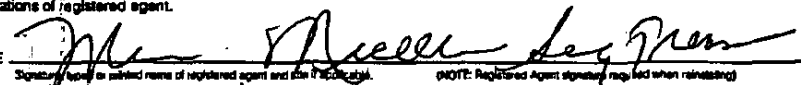


FILED
Jun 28, 2004 8:00 am
Secretary of State

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 620 NORTHEAST 12TH AVENUE HALLANDALE, FL 33009		Mailing Address LANDMARK MANAGEMENT SERVICES 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330 US	
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 LANDMARK MANAGEMENT SERVICE, INC. 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 6/2/04	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR/SD TR MICELI, MIRIAM 620 NORTHEAST 12TH AVENUE #407 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSSINI, RITA 620 NE 12 AVE #201 Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P KLEIN, CARLA 620 NE 12TH AVE., #701 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MINDEL, LAZAR 620 NE 12 AVE #306 Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MARTINEZ, VINCENT 620 NE 12TH AVE #507 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BRENNAN, ARTHUR 620 NE 12TH AVE #504 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MARIANI, THOMAS 620 NE 2 AVE 204 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MARREN, WILLIAM 620 NE 12 AVE #608 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		DATE 6/2/04	