

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90095 022 ****61.25

DOCUMENT # 724287

1. Entity Name

**MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING
#4, INC.**



Principal Place of Business

**420 N.E. 12TH AVE.,
HALLANDALE FL 33009-4543**

Mailing Address

**420 N.E. 12 AVE.
HALLANDALE FL 33009-4543
US.**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1444265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DJULVEZAN, PAVEL
420 N.E. 12TH AVE
#707
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **VALVAND, JERRY**

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

420 N.E. 12 AVE

APT. 107

City **HALLANDALE, FL.**

Zip Code **FL 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

X Jerry Valvano

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, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	DJULVEZAN, PAVEL	
STREET ADDRESS	420 N.E. 12TH AVE, #402	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILOSTEAN, DAN	
STREET ADDRESS	420 NE 12TH AVE., PAT. #505	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JELESCA, EUGENIA	
STREET ADDRESS	420 NE 12TH AVE., #506	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAZA, AURALIA	
STREET ADDRESS	420 NE 12TH AVE., #502	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ILEANA, MARIANA	
STREET ADDRESS	420 NE 12TH AVE., #305	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALVAND, JERRY	
STREET ADDRESS	420 N.E. 12 AVE - 107	
CITY-ST-ZIP	HALLANDALE, FL.	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, ROWALS	
STREET ADDRESS	420 N.E. 12 AVE - 101	
CITY-ST-ZIP	HALLANDALE, FL.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZAROFF, LEW	
STREET ADDRESS	420 N.E. 12 AVE. 808	
CITY-ST-ZIP	HALLANDALE, FL.	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HOWARD	
STREET ADDRESS	420 N.E. 12 AVE. 701	
CITY-ST-ZIP	HALLANDALE, FL.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECARO, CATHY	
STREET ADDRESS	420 N.E. 12 AVE. 602	
CITY-ST-ZIP	HALLANDALE, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

MAR 02 2005

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:

X Jerry Valvano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-05 456-7709