


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 013 ****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
---	---

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1511002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISS, JOEL 901 NE 14TH AVE. #306 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President LH HARTMAN, LUCILLE 901 NE 14TH AVE. #105 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Plus LH Plus ELORIN, KATHY 901 NE 14TH AVE. #101 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAHN, MARTHA LH 901 NE 14TH AVENUE 101 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Lucille Hartman* *4/20/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #