

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723564

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC3084301538**

**Entity Name:** MEADOWBROOK E.F.G.H., INC.

**Current Principal Place of Business:**

MEADOWBROOK EFGH  
609 NE 14TH AVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

MEADOWBROOK EFGH  
609 NE 14TH AVENUE  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1461589

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHIAVELLO, OZZIE  
610 NE 12TH AVENUE  
#205  
HALLANDALE BEACH, FL 33009 US

*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.*

**SIGNATURE:** OZZIE SCHIAVELLO

02/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GIAMBORI, VINCENT  
Address 610 NE 14TH AVENUE  
UNIT #607  
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT  
Name SCHIAVELLO, OZZIE  
Address 610 NE 12TH AVENUE  
UNIT #205  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name CADIEUX, GUY  
Address 619 NE 14 AVENUE  
UNIT #305  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY  
Name BOBICK, ELLYN  
Address 609 NE 14TH AVE  
UNIT #407  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name GALLAGHER, JEFF  
Address 609 NE 14TH AVENUE  
APT #207  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name KLEINMAN, LARRY  
Address 619 NE 14TH AVENUE  
APT #706  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name KICZKO, HALINA  
Address 619 NE 14TH AVENUE  
APT #305  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name JONES, BARBARA  
Address 620 NE 12TH AVENUE  
APT #603  
City-State-Zip: HALLANDALE BEACH FL 33009

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OZZIE SCHIAVELLO

PRESIDENT

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FORD, MARY JO  
Address 620 NE 12TH AVENUE  
APT #208  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name CHEVRETTE, ANDRE  
Address 610 NE 12TH AVENUE  
APT #401  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SAFRANYOS, TIMEA  
Address 620 NE 12TH AVENUE  
UNIT #202  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name BONO, BARBARA  
Address 610 NE 12TH AVENUE  
APT #507  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name JALONSCHI, HORATIU  
Address 609 NE 14TH AVENUE  
APT #602  
City-State-Zip: HALLANDALE BEACH FL 33009