2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723564

FILED
Feb 15, 2016
Secretary of State
CC5956775228

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 02/15/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	GIAMBORI, VINCENT	Name	SCHIAVELLO, OZZIE
Address	610 NE 14TH AVENUE UNIT #607	Address	610 NE 12TH AVENUE UNIT #205
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	TREASURER	Title	SECRETARY
Name	CADIEUX, GUY	Name	BOBICK, ELLYN
Address	619 NE 14 AVENUE UNIT #305	Address	609 NE 14TH AVE UNIT #407
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	VP	Title	DIRECTOR
Name	GALLAGHER, JEFF	Name	KLEINMAN, LARRY
Address	609 NE 14TH AVENUE APT #207	Address	619 NE 14TH AVENUE APT #706
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	DIRECTOR	Title	DIRECTOR
Name	ELZAM, SYLVAIN	Name	JONES, BARBARA
Address	619 NE 14TH AVENUE APT #705	Address	620 NE 12TH AVENUE APT #603
City-State-Zip:	HALLANDALE BEACH FL 33009	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 02/15/2016

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

Title	DIRECTOR
Name	VAUGEOIS, THERESA
Address	610 NE 12TH AVENUE APT #705
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