

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730679

FILED
Feb 28, 2018
Secretary of State
CC1026835852

Entity Name: MEADOWBROOK ASSOCIATION SECTION A, INC.

Current Principal Place of Business:

500 NE 12 TH AVE
OFFICE
HALLANDALE, FL 33009

Current Mailing Address:

500 NE 12 TH AVE
OFFICE
HALLANDALE, FL 33009 US

FEI Number: 59-1660412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, WANDA
420 NE 12 AVENUE
APT. 102
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: WANDA HOWARD

02/28/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOWARD, WANDA
Address 420 NE 12TH AVE. - APT # 102
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name GURALNIK, MARGARET
Address 421 N.E. 14 AVE. APT # 501
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name BEHAR, ALBERTO
Address 500 NE 12TH AVE APT # 602
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY
Name CHAPMAN, JOAN
Address 501 NE 14 AVENUE - APT 307
City-State-Zip: HALLANDALE FL 33009

Title D
Name BROTMAN, BRUCE
Address 500 NE 12 AVENUE - APT 303
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name ZURZ, LAVENAL
Address 500 NE 12 AVENUE
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name DJULVEZAN, PAUL
Address 420 NE 12 AVENUE - APT 402
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name ROSENBERG, MARVIN
Address 421 NE 14 AVENUE - APT 506
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: WANDA HOWARD

PRESIDENT

02/28/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DERII, LEONID
Address 501 NE 14 AVENUE - APT 203
City-State-Zip: HALLANDALE BEACH FL 33009