

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 715578

1. Entity Name

MEADOWBROOK TOWERS CONDOMINIUM "B" INC.



Principal Place of Business

233 N E 14TH AVE
HALLANDALE FL 33009

Mailing Address

233 N E 14TH AVE
HALLANDALE FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-1284584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASIO, FELIX
233 NE 14TH AVE.
#503
HALLANDALE FL 33009

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent (print title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
TODOROV, TODOR
233 NE 14TH AVE., #507
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
05/21/08-80100-012 61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
CASIO, FELIX
233 NE 14TH AVE., #503
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
WEINSTEIN, MICHAEL
233 NE 14TH AVE., #505
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SCHIARELLO, ANNE-MARIE
233 NE 14TH AVE., #407
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
LANCIAULT, REAL
233 N.E. 14TH AVE #204
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

TODOR TODOR TODOR TODOR

4-24-08

959/632-6769