


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

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 025 ****61.25

DOCUMENT # 715686	
1. Entity Name MEADOWBROOK TOWERS CONDOMINIUM "A"	

DO NOT WRITE IN THIS SPACE

40068526

2. Principal Place of Business 219 NE 14th Ave Suite, Apt. #, etc.	3. Mailing Address 219 NE 14th Ave Suite, Apt. #, etc.
City & State Hallandale Bch, FL Zip Country 33009 Broward	City & State Hallandale Beach FL Zip Country 33009 Broward

CR2E037B (8/05)

4. FEI Number 59-1284587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Sheila Cizmadia	
	Street Address (P.O. Box Number is Not Acceptable) 219 NE 14th Ave	
	City Hallandale Beach	FL Zip Code 33009

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 Sheila Cizmadia - SHIP **DATE** April 14, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS			
TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Anna Dragif 219 NE 14th Ave Hallandale Beach FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP/D NAME STREET ADDRESS CITY-ST-ZIP	Alex Cohan 219 NE 14th Ave Hallandale Beach FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Sheila Cizmadia 219 NE 14th Ave Hallandale Beach FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	Sheila Cizmadia 219 NE 14th Ave Hallandale Beach FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Cizmadia - SHEILA CIZMADIA 4/14/07 8544542269