

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90067 033 \*\*\*\*61.25

**DOCUMENT # 715686**

1. Entity Name

MEADOWBROOK TOWERS CONDOMINIUM "A",  
INC.



**DO NOT WRITE IN THIS SPACE**

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

219 N.E. 14th Ave

Suite, Apt. #, etc.

3. Mailing Address

219 N.E. 14th Ave

Suite, Apt. #, etc.

**40068942**

CR2E037B (5/07)

City & State  
Hallandale Beach FL

City & State  
Hallandale Beach FL

4. FEI Number  
59-1284587

Applied For  
Not Applicable

Zip  
33009

Country  
Broward

Zip  
33009

Country  
Broward

5. Certificate of Status Desired ☐ \$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 N.E. 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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/8/08*

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

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**

TITLE P/D	Anna Dragif
NAME	219 N.E. 14th Ave
STREET ADDRESS	Hallandale Beach FL 33009
CITY-ST-ZIP	
TITLE VP/D	Alex Cohan
NAME	219 N.E. 14th Ave
STREET ADDRESS	Hallandale Beach FL 33009
CITY-ST-ZIP	
TITLE S/D	Sheila Cizmadia
NAME	219 N.E. 14th Ave
STREET ADDRESS	Hallandale, FL 33009
CITY-ST-ZIP	
TITLE T/D	Sheila Cizmadia
NAME	219 N.E. 14th Ave
STREET ADDRESS	Hallandale Beach FL 33009
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Sheila Cizmadia S/T/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sheila Cizmadia* *4/8/08*

DATE

*9544542269*

DAYTIME PHONE #