

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715686

FILED
Apr 08, 2009
Secretary of State

Entity Name: MEADOWBROOK TOWERS CONDOMINIUM "A", INC.

Current Principal Place of Business:

219 NE 14TH AVE
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

219 NE 14TH AVE
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 59-1284587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIZMADIA, SHELIA
219 N.E. 14TH AVENUE
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CIZMADIA, SHEILA
219 N.E. 14TH AVENUE
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: SHEILA CIZMADIA

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DRAGIF, ANNA
Address: 219 NE 14 AVE #207
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD () Delete
Name: COHAN, ALEX
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: CIZMADIA, SHEILA
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: KAWWE, MAYER
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MACIEJEWSKI, AUDREY
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DRAGIF, ANNA
Address: 219 NE 14 AVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CIZMADIA, SHEILA
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: KAWWE, MIRIAM
Address: 219 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA CIZMADIA

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date