

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716168

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

218 NORTHEAST 12 AVENUE
#506
HALLANDALE, FL 33009

New Principal Place of Business:

218 NORTHEAST 12 AVENUE
#307
HALLANDALE, FL 33009

Current Mailing Address:

218 NORTHEAST 12 AVENUE
#506
HALLANDALE, FL 33009

New Mailing Address:

218 NORTHEAST 12 AVENUE
#307
HALLANDALE, FL 33009

FEI Number: 59-1284586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, ESPERANZA
218 NE 12TH AVENUE
#506
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MARINESCU, LUIZA
218 NE 12TH AVENUE
#307
HALLANDALE, 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: LUIZA MARINESCU

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARINESCU, LUIZA
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: CARDOZO, JORGE
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: PENEN, DOMINIQUE
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: VIVAS, PATRICIA
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: S (X) Delete
Name: BURCA, CORNELL
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/VD (X) Change () Addition
Name: PARDO, JOMAYRA
Address: 218 NE 12TH AVE
City-St-Zip: HALLANDALE, FL 33009

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

Title: VD (X) Change () Addition
Name: BURCA, CORNELL
Address: 218 NE 12 AVE
City-St-Zip: HALLANDALE, FL 33009

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

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: LUIZA MARINESCU

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date