

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 12:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 717204 (2)
1. Corporation Name
MEADOWBROOK TOWERS CONDOMINIUM 'E', INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009**

3. Date Incorporated or Qualified **09/18/1969** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-1286898** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

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

22 City & State **27** City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23 Zip **28** Zip

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**

24 Country **25** Country **29** Country **30** Country

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNFELD, ALAN L
619 NE 14TH AVE
HALLANDALE FL 33009**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ZANDMAN, ANNETTE**
STREET ADDRESS **619 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD**
NAME **FINKELSTEIN, RITA**
STREET ADDRESS **619 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **SD**
NAME **BLUMNER, ETHEL**
STREET ADDRESS **619 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **VD**
NAME **FROMBERG, SYLVIA**
STREET ADDRESS **619 NE 14TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Sylvia Fromberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8/8 1995 **X 458-1795**
Date Daytime Phone