FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
619 NORTHEAST 14TH AVENUE 619 NORTHEAST 14TH AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009				NUE			3. Date Incorporated or Qualified
							09/18/1969 4. FEI Number Applied For
							59-1286898 Not Applicable
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address				C-
21		26	26				5. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27					Trust Fund Contribution Added to Fees
City & State)	_ ├ ─┐ '	City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country		Zip Country				☐ Yes ☐ No
24	25	29	,	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[27]	9. Name and Address of Curre		d Agent	301	"		10. Name and Address of New Registered Agent
					81	Name	ne
HENIGMAN, ANITA L					82	Street	et Address (P.O. Box Number is Not Acceptable)
619 N.E. 14 AVENUE					Street Address (F.O. Box Number is Not Acceptable)		
BLDG. E					83		
HALLANI	DALE FL 33009			ŀ	84	City	85 Zip Code
			`				FL T T
Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: B 12. OF FICE HS AND DIRECTORS							alure required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	NI DINECTO	DELETE	1.1 161	TI F		Change Addition
NAME	HENIGMAN, ANITA L			1.2 NAME			
STREET ADDRESS	619 N.E. 14 AVENUE				1.3 STREET ADDRESS		_{ss}
CITY-ST-ZIP	HALLANDALE FL		140		1.4 CITY-ST-ZIP		~ <u> </u>
TITLE	T				2.1 TITLE		Change Addition
NAME	FRAULO, CARMAN		2.2 N		2.2 NAME		
STREET ADDRESS	619 N.E. 14 AVENUE			2.3 ST	2.3 STREET ADDRESS		is .
CITY-ST-ZIP	HALLANDALE FL				. 4 CITY-ST-ZIP		tar tree
TITLE	SD		DELETE	3.1 TITU			SD Change ☐ Addition
NAME	MUSIALOWSKI, REGINA			3.2 NA	ME		ROSEN SYLVIA
STREET ADDRESS	610 N.E. 14 AVENUE			3.3 STREET ADDRESS		S GIT NACATA	
CITY-ST-ZIP	HALLANDALE FL		December	3.4. CITY-		T-ZIP	HALLANDALE, FL
TITLE	VPD		☐ DELETE				Change Addition
NAME	PINTILIE, EMIL			4. 2 N			
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		iS	
CITY-ST-ZIP	HALLANDALE FL		DELETE	4.4 City - S 5.1 Title		1 - ZIP	☐ Change ☐ Addition
NAME NAME		•		•	5.2 NAME		- Configuration
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CII			~
TITLE			DELETE	6.1 111		F.17	☐ Change ☐ Addition
NAME				6.2 NA			_ · _ · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS						ADDRESS	is
CITY-ST-ZIP				6.4 C()			
	ertify that the information supplied	with this filing	does not qualify fo				tated in Section 119.07(3)(i), 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 receivor 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.