

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90139 002 ****61.25

DOCUMENT # 717204

1. Corporation Name

MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

Principal Place of Business

**619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009**

Mailing Address

**619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

LANDMARK MANAGEMENT SERVICES, INC.

22

City & State

**9000 SHERIDAN STREET SUITE 134
PEMBROKE PINES, FL 33024-8801**

23

Zip Country

28

Zip Country

24

25

29

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3. Date Incorporated or Qualified

09/18/1969

4. FEI Number

59-1286898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENIGMAN, ANITA L
619 N.E. 14 AVENUE
BLDG. E #206
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

LANDMARK MANAGEMENT SERVICES, INC.

83

**9000 SHERIDAN STREET SUITE 134
PEMBROKE PINES, FL 33024-8801**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD HENIGMAN, ANITA L**
STREET ADDRESS **619 N.E. 14 AVENUE**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T FRAULO, CARMAN**
STREET ADDRESS **619 N.E. 14 AVENUE**
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD ROSEN, 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 ☐ DELETE
NAME **VPD PINTILIE, EMIL**
STREET ADDRESS **619 N.E. 14 AVE.**
CITY-ST-ZIP **HALLANDALE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: *[Signature]* **President** **2/24/99** **(954)431-5136**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)