

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717204

1. Entity Name

MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

**FILED**  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90459 040 \*\*\*\*61.25

Principal Place of Business

619 NORTHEAST 14TH AVENUE  
HALLANDALE FLA 33009

Mailing Address

12323 SW 55 ST  
STE 1002  
COOPER CITY FL 33330  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1286898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDMARK MANAGEMENT SERVICES, INC.  
12323 SW 55 ST  
STE 1002  
COOPER CITY FL 33330

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME NO LONGER TREASURER JUST DIRECTOR  
STREET ADDRESS CARMEN FRAULO SAME ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GODBOUT, WILFRED  
STREET ADDRESS 619 NE 14TH AVE  
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VPD  
STREET ADDRESS PINTILIE, EMIL  
CITY-ST-ZIP 619 N.E. 14 AVE.  
HALLANDALE FL

TITLE ☒ Change ☒ Addition  
NAME TREASURER  
STREET ADDRESS HERBERT ROSEN  
CITY-ST-ZIP 619 NE 14 AVE. HALLANDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anita L. Henigman* ANITA L. HENIGMAN 2-1-2001 454-4441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)