2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/6/2

FILED
Jun 23, 2004 8:00 am
Secretary of State
05-06-2004 90188 046 ****61.25

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04282004 Chg-NP CR2E037 (10/03)

DOCUMENT # 717204

1. Entity Name
MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

Principal Place of Business	Mailing Address
619 NORTHEAST 14TH AVENUE HALLANDALE FLA, 33009	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENIGMAN, ANITA L 619 N.E. 14 AVENUE HALLANDALE, FL	☐ Delete #206 PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLAIRE POOTE 619 N.E. 14 AVE HALLANDALE FL	☐ Change ☒ Addition #301 SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAULO, CARMAN 619 N.E. 14 AVENUE HALLANDALE, FL	☒ Delete RESIGNED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBEAU, REAL 619 NE 14TH AVE HALLANDALE, FL	☒ Delete RESIGNED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSEN, HERBERT 619 NE 14 AVE HALLANDALE, FL	☐ Delete #507 TREASURER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROJCIN, VENUS 619 NE 14 AVE HALLANDALE, FL	☐ Delete #506 DIRECTOR BOARD MEMBER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEINMAN, LARRY 619 NE 14 AVE. #706 Hallandale, FL	☐ Delete DIRECTOR ☒ ADD BOARDMEMB	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 President 5-1-04 954-454-4441
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #