

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90289 013 \*\*\*\*61.25

**40060238**



04112005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 717204</b> 1. Entity Name <b>MEADOWBROOK TOWERS CONDOMINIUM "E", INC.</b>					
Principal Place of Business <b>619 NORTHEAST 14TH AVENUE HALLANDALE FLA, 33009</b>			Mailing Address <b>12323 SW 55 ST STE 1002 COOPER CITY, FL 33330 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1286898</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENIGMAN, ANITA L <input type="checkbox"/> Delete 619 N.E. 14 AVENUE #206 HALLANDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEN, HERBERT <input checked="" type="checkbox"/> Delete 619 N.E. 14 AVE #507 HALLANDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM BROJCIN, VENUS <input type="checkbox"/> Delete 619 NE 14 AVE #506 HALLANDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIMAN, LARRY <input type="checkbox"/> Delete 619 NE 14 AVE #706 HALLANDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
T <b>Steven Prince</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 619 NE 14 AVE #205 Hallandale, FL 33009					
S <b>Claire Poole</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 619 NE 14 Ave #301 Hallandale, FL 33009					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Anita L. Henigman</i> / <b>ANITA L. HENIGMAN</b> 4-14-05 <span style="float: right;">954-454-4441</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					