



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90072 001 ****61.25

DOCUMENT # 717204 1. Entity Name MEADOWBROOK TOWERS CONDOMINIUM "E", INC.					
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 Landmark Management Svc			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1941 NW 150 Ave.		03282006 Chg-NP CR2E037 (11/05)	
City & State		City & State Pembroke Pines, FL		4. FEI Number 59-1286898	
Zip		Zip 33028		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 ST STE 1002 COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name Landmark Management Services Inc Street Address (P.O. Box Number is Not Acceptable) 1941 NW 150 Avenue City Pembroke Pines FL Zip Code 33028		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P HENIGMAN, ANITA L 619 N.E. 14 AVENUE #206 HALLANDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBEAU, REAL J 619 NE 14TH AVE # 206 HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T & P PRINCE, STEVEN 619 NE 14 AVE, # 205 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODBOUT, WILFRED 619 NE 14TH AVE HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM BROJCIN, VENUS 619 NE 14 AVE #506 HALLANDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVEY, PAUL 619 NE 14TH AVE 204 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIMAN, LARRY 619 NE 14 AVE #706 HALLANDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMOPOULOS, ERNEST 619 NE 14TH AVE HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POOLE, CLAIRE 619 NE 14 AVE, # 301 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Steven Prince</u> - STEVEN PRINCE 4/9/06 954-454-8229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					