


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 030 ****69.75

DOCUMENT # 717204 1. Entity Name MEADOWBROOK TOWERS CONDOMINIUM "E", INC.					
Principal Place of Business 619 NORTHEAST 14TH AVENUE HALLANDALE FLA, 33009			Mailing Address LANDMARK MANAGEMENT SVC 1941 NW 150 AVE PEMBROKE PINES, FL 33028 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address STEVEN PRINCE Suite, Apt. #, etc. 619 NE 14TH AVE # 205			
Suite, Apt. #, etc.		City & State HALLANDALE BEACH			
City & State		Zip 33009		Country USA	
Zip		Country		4. FEI Number 59-1286898	
Country		Zip		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07092008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent PRINCE, STEVEN 619 NE 14TH AVE. HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$61.25 Due by September 12, 2008		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	VP DUBEAU, REAL J 619 NE 14TH AVE., #203 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP 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, FL 33009	<input type="checkbox"/> Delete			
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	S POOLE, CLAIRE 619 NE 14 AVE, # 301 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVEY, PAUL 619 NE 14TH AVE., #204 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON AZARNIA 619 NE 14TH AVE # 604 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST ADAMOPOULOS 619 NE 14TH AVE # 308 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" 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: STEVEN PRINCE <i>Steven Prince</i> 7/10/08 954-454-8229					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					