


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 717877
1. Entity Name
MEADOWBROOK TOWERS CONDOMINIUM "H" INC.



Principal Place of Business: **609 N.E. 14TH AVE. HALLANDALE FL 33009**
Mailing Address: **MEADOWBROOK TOWERS COXDO H P.O. BOX 1611 HALLANDALE BEACH FL 33008**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-1317611** Applied For: Not Applied For:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARADE, EMANUEL
609 N E 14TH AVE., APT 504
HALLANDALE FL 33009**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ADELMAN, DONALD	
STREET ADDRESS	609 NE 14TH AVE, #302	
CITY-ST-ZIP	HOLLINDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALESSADRO, VABLNSIN	
STREET ADDRESS	609 NE 14TH AVE #707	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOSA, LOUIS	
STREET ADDRESS	609 NE 14TH AVE #102	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	PARADE, EMANUEL J	
STREET ADDRESS	609 NE 14TH AVE. #504	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, CHAELES	
STREET ADDRESS	609 NE 14TH AVE APT 103	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	100000460713	
CITY-ST-ZIP	03/20/06-80020-025 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.