

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**



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

Principal Place of Business <b>609 N.E. 14TH AVE. HALLANDALE FL 33009</b>	Mailing Address <b>MEADOWBROOK TOWERS COXDO H P.O. BOX 1611 HALLANDALE BEACH FL 33008</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-1317611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 re-registering)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000601886 01/26/07-80067-016 61.25</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

**SIGNATURE:** *Emanuel J. Parade*  
**EMANUEL J. PARADE** 1-18-07 954-458-7520