


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 717877</b> 1. Entity Name <b>MEADOWBROOK TOWERS CONDOMINIUM "H" INC.</b>	
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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 (10/07)

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
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6. Name and Address of Current Registered Agent  <b>PARADE, EMANUEL 609 N E 14TH AVE., APT 504 HALLANDALE FL 33009</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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's signature must be dated when changing)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	1100000019681	<input type="checkbox"/>	<input type="checkbox"/>
NAME	02/15/08-80095-003 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Emanuel J. Parade* & *Parade Emanuel J. Parade* *Hulop*