


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

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90473 035 \*\*\*\*61.25

<b>DOCUMENT # 718963</b> 1. Entity Name <b>MEADOWBROOK TOWERS CONDOMINIUM "L", INC.</b>					
Principal Place of Business <b>319 N E 14TH AVE HALLANDALE FL 33009</b>		Mailing Address <b>319 N E 14TH AVE HALLANDALE FL 33009</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1489124</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GOUSE-GONZALEZ, KATHY L 319 NE 14TH AVE APT 203 HALLANDALE BEACH FL 33009</b>				7. Name and Address of New Registered Agent Name <b>Elizabeth HORVATH</b> Street Address (P.O. Box Number is Not Acceptable) <b>319 NE 14TH AVE APT 308</b> City <b>Hallandale Beach</b> FL Zip Code <b>33009</b>	
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 date if applicable (NOTE: Registered Agent signature required when re-electing)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUSE-GONZALEZ, KATHY L 319 NE 14TH AVENUE # 203 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORVATH, ELIZABETH 319 NE 14TH AVE, APT 308 Hallandale Beach FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNATSKAYA, ELINA 319 NE 14TH AVENUE # 501 HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. BARNATSKAYA, ELINA 319 NE 14TH AVE, APT 501 Hallandale Beach FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD DEUTCHMAN, SAM 319 NE 14TH AVENUE # 704 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. Bell SUSAN 319 NE 14TH AVE APT 503 Hallandale Beach FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, SUSAN 319 NE 14TH AVE. #503 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bell ANNA 319 NE 14TH AVE, APT. 608 Hallandale Beach FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, RITA 319 NE 14TH AVE # 606 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oplinger Anna 319 NE 14TH AVE APT 508 Hallandale Beach FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
<b>SIGNATURE:</b> <i>Elizabeth Horvath</i> President.			3-28-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			<small>Daytime Phone #</small>		