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

DOCUMENT # 718963

1. Entity Name

MEADOWBROOK TOWERS CONDOMINIUM "L", INC.

FILED

07 DEC 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
319 N E 14TH AVE HALLANDALE FL 33009	319 N E 14TH AVE HALLANDALE FL 33009

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

c/o S.FL. Management Services
PO BOX 25495

Suite, Apt. #, etc. | Suite, Apt. # etc.

City & State | City & State: Tamarac, FL

Zip | County | Zip: 33351 | County

2nd MOORE CR2E037 (4/07)

4. FEI Number: 59-1489124 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HORVATH, ELIZABETH 319 NE 14TH AVE APT 308 HALLANDALE BEACH FL 33009	Name: ~~Meadowbrook Towers Condo Bldg L Inc.~~ Condominium Association Street Address (P.O. Box Number is Not Acceptable): 319 NE 14th Avenue, #Office City: Hallandale Beach, Florida 33009-7447 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: Elizabeth Horvath President 11/1/2007
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE

FILE NOW: FEE IS $61.25
Due By September 5, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HORVATH, ELIZABETH 319 NE 14TH AVE APT 308 HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4/18/07 9085 009 $61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARNATSKAYA, ELINA 319 NE 14TH AVENUE # 501 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, SUSAN 319 NE 14TH AVE APT 503 HALLANDALE BEACH FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELL, ANNA 319 NE 14TH AVE APT 608 HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OPLINGER, ANNA 319 NE 14TH AVE APT 508 HALLANDALE BEACH FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Elizabeth Horvath 11/1/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Corrected Doc. corrected not received by us. Penalty to be waived
Pls Kathy w/ S.FL Management Services.