

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:50

DOCUMENT # 722451 (2)

1. Corporation Name

**MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING # 1,
INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
501 NE 14TH AVENUE HALLANDALE FL 33009
501 NE 14TH AVENUE HALLANDALE FL 33009

3. Date Incorporated or Qualified 01/14/1972
3a. Date of Last Report 04/06/1994

4. FBI Number 59-1444565
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGLIA, BARBARA
MEADOWBROOK CONDO APTS BLDG 1
501 NE 14TH AVE, APT 208
HALLANDALE FL 33009

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|
| TITLE | PD |
| NAME | FOGLIA, BARBARA |
| STREET ADDRESS | 501 NE 14TH AVE, 208 |
| CITY - ST - ZIP | HALLANDALE FL |
| TITLE | VD |
| NAME | WELCH, DONALD |
| STREET ADDRESS | 501 NE 14TH AVE #107 |
| CITY - ST - ZIP | HALLANDALE FL |
| TITLE | SD |
| NAME | EARLEY, OLIVE (KAY) |
| STREET ADDRESS | 501 NE 14TH AVE, 404 |
| CITY - ST - ZIP | HALLANDALE FL |
| TITLE | D |
| NAME | SANTORO, NICK |
| STREET ADDRESS | 501 NE 14TH AVE 503 |
| CITY - ST - ZIP | HALLANDALE, FL 00000 |
| TITLE | TD |
| NAME | GWOZD, BETTY * |
| STREET ADDRESS | 501 NE 14TH AVE #601 |
| CITY - ST - ZIP | HALLANDALE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SD JEANNE PRATT |
| 3.3 STREET ADDRESS | 501 NE 14 AVE #201 |
| 3.4 CITY - ST - ZIP | HALLANDALE FL 33019 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *Barbara Foglia* BARBARA FOGLIA 4/4/95 305-454-0318