

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722451** (2)

1. Corporation Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING # 1, INC.



Principal Place of Business 501 NE 14TH AVENUE HALLANDALE FL 33009	Mailing Address 501 NE 14TH AVENUE HALLANDALE FL 33009-3681
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3. Date Incorporated or Qualified 01/14/1972	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1444565	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FOGLIA, BARBARA MEADOWBROOK CONDO APTS BLDG 1 501 NE 14TH AVE, APT 208 HALLANDALE FL 33009		10. Name and Address of New Registered Agent 61 Name Donald Welch PD	
		62 Street Address (P.O. Box Number is Not Acceptable) 501 NE 14th Ave # 107	
		63	
		64 City Hallandale, FL 65 Zip Code 33009	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Donald Welch* DATE: **Apr 1-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FOGLIA, BARBARA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
STREET ADDRESS 501 NE 14TH AVE, 208	CITY-ST-ZIP HALLANDALE FL		1.2 NAME welch, Donald
			1.3 STREET ADDRESS 501 NE 14th Ave # 107
			1.4 CITY-ST-ZIP Hallandale, Fl. 33009
TITLE VD	NAME WELCH, DONALD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD
STREET ADDRESS 501 NE 14TH AVE #107	CITY-ST-ZIP HALLANDALE FL		2.2 NAME santora, Nick
			2.3 STREET ADDRESS 501 NE 14th Ave # 503
			2.4 CITY-ST-ZIP Hallandale, Fl. 33009
TITLE SD	NAME PRATT, JEANNE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD
STREET ADDRESS 501 NE 14 AVE #201	CITY-ST-ZIP HALLANDALE FL		3.2 NAME Del Catti, Louise
			3.3 STREET ADDRESS 501 NE 14th Ave # 307
			3.4 CITY-ST-ZIP Hallandale, Fl. 33009
TITLE D	NAME SANTORO, NICK	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD
STREET ADDRESS 501 NE 14TH AVE 503	CITY-ST-ZIP HALLANDALE, FL 00000		4.2 NAME DeLellis, Camillo
			4.3 STREET ADDRESS 501 NE 14th Ave # 207
			4.4 CITY-ST-ZIP Hallandale, Fl. 33009
TITLE TD	NAME GWOZD, BETTY "	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS 501 NE 14TH AVE #601	CITY-ST-ZIP HALLANDALE FL		5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Camillo DeLellis* DATE: **1. 31-97 (954) 457-9572**

CR2E037 (9/96)