

FILE NOW: FILING FEE IS \$61.25

FILED

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1972		3a. Date of Last Report 03/06/1996	
21		26		4. FEI Number 59-1444565		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28		29		30	
Zip		Country		Zip		Country	
24		25		26		27	

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

81 Name **Donald Welch PD**
82 Street Address (P.O. Box Number is Not Acceptable)
501 NE 14th Ave # 107
83
84 City **Hallandale, FL** 85 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

(NOTE: Registered Agent signature required when reinstating)

Apr 1-97

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

1. 31-97 (954) 457-9572

Date

Daytime Phone # 0022593

CR2E037 (9/96)