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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90178 003 \*\*\*\*61.25

0022595

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 722451**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/14/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1444565

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WELCH, DONALD  
 501 NE 14 AVE  
 107  
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name **FOGLIA BARBARA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**501 NE 14 AVE #208**  
 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 Barbara Foglia - Barbara Foglia - President DATE 2/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELGATTI, LOUISE	
STREET ADDRESS	501 NE 13 AVE, 307	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCH, DONALD	
STREET ADDRESS	501 NE 14TH AVE #107	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DELELLIS, CAMILLO	
STREET ADDRESS	501 NE 14 AVE, 207	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANTORO, NICK	
STREET ADDRESS	501 NE 14TH AVE 503	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELGATTI, LOUISE	
1.3 STREET ADDRESS	501 NE 14 AVE	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WELCH, DONALD	
2.3 STREET ADDRESS	501 NE 14 AVE	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GWOOD, BETTY L	
3.3 STREET ADDRESS	501 NE 14 AVE	
3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FOGLIA BARBARA	
4.3 STREET ADDRESS	501 NE 14 AVE	
4.4 CITY-ST-ZIP	HALLANDALE FL 33009	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANSELL, ALLAN	
5.3 STREET ADDRESS	501 NE 14 AVE	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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 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, with all other like empowered.

SIGNATURE: Barbara Foglia DATE: 2/25/99 (954) 454-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)