

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722451

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING # 1,

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90106 022 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1444565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOGLIA, BARBARA
 501 NE 14 AVE
 208
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: Ansell, Allan
 Street Address (P.O. Box Number is Not Acceptable): 501 NE 14 Ave - #105
 City: Hallandale, FL Zip Code: 33009

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.

SIGNATURE

Allan D. Ansell, Pres

(NOTE: Registered Agent signature required when reinstating)

01/24/00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELGATTI, LOUISE	
STREET ADDRESS	501 NE 13 AVE, 307	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELCH, DONALD	
STREET ADDRESS	501 NE 14TH AVE #107	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GWOZD, BETTY L	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOGLIA, BARBARA	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANSELL, ALLAN	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Asst. Treas. - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Aimee Rotaru	
STREET ADDRESS	501 NE 14 Ave.	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Rita Tenneyson	
STREET ADDRESS	501 NE 14 Ave.	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Ansell, Allan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty L Gwozd

1/24/00
 DATE

Daytime Phone #