

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90015 032 ****61.25

DOCUMENT # 722451

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



Principal Place of Business Mailing Address


**501 NE 14TH AVENUE
HALLANDALE FL 33009** **501 NE 14TH AVENUE
HALLANDALE FL 33009**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

59-1444565 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL GATTI, LOUISE
501 NE 14 AVE
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **GRANDE, Humbert**

Street Address (P.O. Box Number is Not Acceptable) **501 NE 14th Ave APT #203**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *Humbert Grande* **2/10/06** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GWOZD, BETTY L	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESCHEME, ROBERT	
STREET ADDRESS	501 NE 14 AVE #201	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHERMAN, STANLEY	
STREET ADDRESS	501 NE 14 AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEL GATTI, LOUISE	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILAZO, NATALIE	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Oscar Torres	
STREET ADDRESS	501 NE 14th Ave	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESCHENE, Robert	
STREET ADDRESS	501 NE 14 Ave	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grande, Humbert	
STREET ADDRESS	501 NE 14th Ave	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAPARI, GIOVANNI	
STREET ADDRESS	501 NE 14 AVE	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE *Humbert Grande* *Jose Oscar Torres* *Stanley Sherman*