

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722451

FILED  
Jun 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

501 NE 14TH AVENUE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

501 NE 14TH AVENUE  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 59-1444565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MILAZO, NATALIE  
501 NE 14TH AVE  
HALLANDALE, FL 33009      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: TORRES, JOSE O  
Address: 501 NE 14 AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: SD      ( ) Delete  
Name: GRANDE, HUMBERT  
Address: 501 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD      ( ) Delete  
Name: SHERMAN, STANLEY  
Address: 501 NE 14 AVE.  
City-St-Zip: HALLANDALE, FL 33009

Title: PD      ( ) Delete  
Name: MILAZO, NATALIE  
Address: 501 NE 14 AVE.  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: TAPARI, GIOVANNI  
Address: 501 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE O TORRES

TD

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date