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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724287 (8)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4, INC.



Principal Place of Business

Mailing Address

420 N.E. 12TH AVE.
HALLANDALE FL 33009-4543

420 N.E. 12 AVE.
HALLANDALE FL 33009-4537
US

3. Date Incorporated or Qualified
09/06/1972

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1444265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHHOLZ, MOLLY
420 NE 12TH AVENUE
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BUCHHOLZ, MOLLY
STREET ADDRESS 420 N.E. 12 AVE., #406
CITY-ST-ZIP HALLANDALE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME VALVANO, JERRY
STREET ADDRESS 420 NE 12 AVE., #107
CITY-ST-ZIP HALLANDALE, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME COULOMBE, LUCILLE
STREET ADDRESS 420 NE 12TH AVE #707
CITY-ST-ZIP HALLANDALE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME SCHWARZ, RHODA
STREET ADDRESS 420 N.E. 12 AVE., #708
CITY-ST-ZIP HALLANDALE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCHWIMMER, BEATRICE
STREET ADDRESS 420 NE 12TH AVENUE
CITY-ST-ZIP HALLANDALE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME BALANGER, IDA
6.3 STREET ADDRESS 420 NE 12 AVE #102
6.4 CITY-ST-ZIP HALLANDALE FL 33009

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mollie Buchholz 1/25/97

CR2E037 (9/96)