

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90011 048 ****61.25

DOCUMENT # 724287

1. Entity Name
**MEADOWBROOK CONDOMINIUM APARTMENTS
BUILDING #4, INC.**



Principal Place of Business
**420 N.E. 12TH AVE.,
HALLANDALE, FL 33009-4543**

Mailing Address
**420 N.E. 12 AVE.
HALLANDALE, FL 33009-4543 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1444265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRASCARELLI, ANGELO
500 NE 12TH AVE
APT 706
HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**KENNEDY, RONALD
420 NE 12TH AVE APT 101
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**VP
KENNEDY, RONALS
420 NE 12 AVE -101
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**D
AZAROFF, LEW
420 NE 12 AVE 701
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**T
JOHNSON, HOWARD
420 NE 12 AVE 701
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete
**S
PIOTTI, LOUISE
420 NE 12TH AVE APT 103
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**VP
PECORA, KATHY
420 NE 12th Ave. Apt 602
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**D
JELESCU, EUGENIA
420 NE 12th Ave, Apt.506
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**T
MILOSTEAN, DAN
420 NE 12th Ave, Apt.505
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**S
ZORI, MARY
420 NE 12th Ave, Apt. 702
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

[Signature]
Ronald Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-07
954-439
4760