

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90032 027 ****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

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVP	<input type="checkbox"/> Delete
NAME	KENNEDY, RONALD	
STREET ADDRESS	420 NE 12TH AVE APT 101	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PECORA, KATHY	
STREET ADDRESS	420 NE 12TH AVE APT 602	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	JELESCU, EUGENIA	
STREET ADDRESS	420 NE 12TH AVE APT 506	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILOSTEAN, DAN	
STREET ADDRESS	420 NE 12TH AVE APT 505	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZORI, MARY	
STREET ADDRESS	420 NE 12TH AVE APT 702	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILOSTEAN RALUCA	
STREET ADDRESS	420 NE 12th Ave Apt 505	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Ronald Kennedy* **RONALD KENNEDY PRES.** *3/10/08*