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**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

(6)

<b>MEADOWBROOK</b>	<b>CONDOMINIUM</b>	<b>APARTMENTS</b>	BUILDING	#3.
INC.				

Principal Place of Business Mailing Address 500 N.E. 12TH AVE., APT 202 500 NE 12TH AVE APT 201 500 N.E. 12TH AVE. APT. #704 500 N.E. 12TH AVE. APT. #704 HALLANDALE FL 33009-3641 HALLANDALE FL 33009-3641 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1972 04/26/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-1444755 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s 199 032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAER, MARY 82 Street A.F. Iress (P.O. Box Number is Not Acceptable) 500 N.E. 12TH AVE 83 **APT 201** HALLANDALE FL 33009 84 City Zip Code 85 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 probed fame of regovernot ages that ditto it opposition that HE High decist Agent signature responsitive his object targe 12 OFFICERS AND DIRECTORS 13 AND HOME CHANCES TO OFFICERS AND DIRECTORS IN 1. DELETE TITLE 1.1 THEFE Change Addition NAME SIMKOFF, ELSIE 1.2 NAME STREET ADDRESS **500 NE 12TH AVE** 1.3 STREET ADORESS HALLANDALE, FL 00000 CITY - ST - ZIP 1.4 CiTY - \$1 - 2iP TULE DELFTE 21 TITLE Change Addition NAME STEINFELD, FAY 2.2 NAME STREET ADDRESS **500 NE 12TH AVE** 2.3 STREET ADDRESS CITY - ST - ZIP HALLANDALE, FL 00000 2 4 CITY - ST ZIP TITLE DELETE 3.1 TITLE Change Addition NAME KLAPPER. BEATRICE 3.2 NAME STREET ADDRESS 500 NE 12TH AVE 3.3 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 00000 34 CIFY-ST ZIP TIFLE DELETE 4.1 TIFLE Change Addition NAME **OUENNEVILLE, ALEXIS** 4.2 NAME STREET ADDRESS 400 NE 12TH AVE. 4.3 STREET ACRORESS CHTY - ST - ZIP HALLANDALE, FL 00000 4.4 CICY - S1 - ZIP TITLE DELETE 51 Title X Change Add-tion NADIN : MAYER NAME CARRIER, FRANCINE 5.2 NAME 500 N.E. 12 AVE STREET ADDRESS 500 N.E.-12 AVE. 5.3 STREET ADDRESS HALLA IDALE, FL. CITY-ST-ZIF HALLANDALE FL 54 CITY-ST-ZIE TIFLE DELETE VD 61 TITLE Change Addition NAME BAER, MARY 6.2 NAME STREET ADDRESS 500 N.E. 12TH AVE. 6.3 STREET ACORESS

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not quairly for the exemption stated in Section 119 07(3)(k), 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 trusted 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.

6.4 CHTV - ST- ZIP

HALLANDALE FL

CITY - ST-ZIP

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF

(12/95)

CR2E037