FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997 | |
|---------------------------------|---|
| DOCUMENT 1. Corporation Name | # |

724288

(6)

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3,

| INC. | | | | | | | | | | | | |
|----------------------|---|--|---|--------------------------|---------------|------------------------|--------------|--|-----------------|-----------------|----------------|----------------------------|
| Principal Plac | e of Business | Mailing | Address | | | | | f de eigt faare hydig eredd fileet fidiau i | idei atatt atat | 1 81611 (| | REFERENCE |
| | AVE., APT 202 AVE. APT. #704 | 500 N.E. | 12TH AVE APT 20 . 12TH AVE, APT. DALE FL 33009-36 | #704 | | | | | | | | |
| Precioner | L 334 (7) | US | UNITE I I GOOD GO | | | | 5 | 3. Date incorporated or Qualified 09/06/1972 | 3a. Dai | e of L)4/18 | ast R 0/199 | eport 6 |
| 2. Principal P | Place of Business | 2e. Mai | ling Address | | | | 1 | i. FEI Number 59-1444755 | *** | - | | plied For It Applicable |
| Suite, Apt | #, etc. | | e, Apt. #, etc. | | | | ŧ | . Certificate of Status Desired | | | 75 / | Additional quired |
| City & Stat | 8 | | & State | | | · | | . Election Campaign Financing | ···· | | | May Be |
| 23 | | 28 | | | | | | Trust Fund Contribution | | | | o Fees |
| Ζιρ | Country | Zip | | J | intry | | E | This corporation has liability for | | | der s | 199.032, |
| 24 | 25 | 29] | | 30] | | | | | Yes L | | | |
| <u> </u> | 9. Name and Address of Curre | nt negistered | Agent | | 81 | Name | 1 |). Name and Address of New Re | gistered A | gent | | |
| 0.50 | 44692 | | | 1 | | 1401110 | | | | | | |
| BAER, N | | | | | 82 | Street / | Address | P.O. Box Number is Not Acceptat | ole) | | | |
| APT 201 | . 12TH AVE | | | | 83 | ļ | | | | - | | |
| | DALE FL 33009 | | | | L | | | | · | | | |
| INCLAN | DALL I L 33008 | | | | 84 | City | | | FL | 85 | Zip (| Code |
| 11, Pursuant | to the provisions of Sections 617.05 | 02 and 617.15 | 508, Florida Statu | tes, the a | bove | e-named | corporat | ion submits this statement for the p | | chang | ing it | s registered |
| office or r | to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Se pations of, Sec | uch change was ction 617.0503. F | authorize Iorida Stal | d by tutes | / the corp s. | poration's | board of directors. I hereby accept | ot the appo | intmë | nt as | registered |
| SIGNATURE | , | , | | | | - | | | | | | |
| | Signature, typed or printed name of registered ag | | | | d Age | ont signature | required wh | en reinstating) | DATE | | | |
| 12. | OFFICERS AN | ID DIRECTOR | | 13. | | | , | ADDITIONS/CHANGES TO OFFIC | ERS AND | | | |
| TITLE | PD PD | | ☐ DELETE | 1.1 TI | | | l | | | Ch | ange | Addition |
| NAMÉ | SIMKOFF,ELSIE | | | 1.2 N | | | | | | | | |
| STREET ADDRESS | 500 NE 12TH AVE | | | 1 | | ADORESS | } | | | | | |
| City-St-ZIP TITLE | HALLANDALE, FL 00000 | | DELETE | 1.4 Cl 2.1 Tl | | ST-ZIP | | | | Ch | anne | Addition |
| NAME | STEINFELD, FAY | | C Dicere | 22 N | | | ì | | ' | | in rigo | |
| STREET ADDRESS | 500 NE 12TH AVE | | | 4 | | ADDRESS | į. | • | | | | |
| CITY-ST-ZIP | HALLANDALE, FL 00000 | | | | | ST-ZIP | | | | | | |
| TITLE | SD SD | | DELETE | 3.1 16 | | 31-514 | | | | Ch | ange | Addition |
| NAME | KLAPPER, BEATRICE | | | 3.2 N | | | • | | | | - | _ |
| STREET ADDRESS | 500 NE 12TH AVE | | | 3.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | HALLANDALE, FL 00000 | | | - 1 | | ST-ZIP | İ | | | | | |
| TITLE | D | ······································ | DELETE | 4.1 Ti | | - · . - · . | | | | Ch | ange | Addition |
| NAME | QUENNEVILLE, ALEXIS | | | 4.2 N | IAME |] |] | | | | | |
| STREET ADDRESS | 400 NE 12TH AVE. | | | 4.3 \$ | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | HALLANDALE, FL 00000 | | | 440 | πγ-s | T-ZIP | ì | | | | | |
| TITLE | D | | DELETE | 5.1 TI | | - 5 | 1 | | | ☐ Ch | алде | Addition |
| NAME | MAYER, NADINE | | | 5.2 N | AME | ł | | | | | ٠. | |
| STREET ADDRESS | 500 NE 12 AVE | | | 5.3 8 | TREET | ADDRESS | } | | | | | |
| CITY-ST-ZIP | HALLANDALE FL | | | 1 | | 17-21P | 1 | | | | | |
| TITLE | VD | | DELETE | 6.1 TI | _ | | 1 | | | ☐ Ch | ange | Addition |
| NAME | RAFR MARY | | | 621 | | l | { | | | | - | _ |

6.4 CITY-ST-ZIP 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 apprecia.

6.3 STREET ADDRESS

STREET ADDRESS

500 N.E. 12TH AVE.

HALLANDALE FL

FILED

May 19 1997 8:00am

Secretary of State