FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724288

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.

Principal Place of Business 500 N.E. 12TH AVE.. APT 202 500 N.E. 12TH AVE. APT. #704 HALLANDALE FL 33009-3641

2. Principal Place of Business

Suite, Apt. #, etc.

22

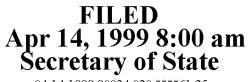
Mailing Address

2a. Mailing Address

26

27

500 NE 12TH AVE APT 201 500 N.E. 12TH AVE. APT. #704 HALLANDALE FL 33009-3641



04-14-1999 90034 020 ****61.25



3. Date incorporated or Qualifed

09/06/1972

59-1444755

4. FEI Number

City & State		City & State			5. Certifcate of Status Desired			D 30.73 Additional		
23	2	28							Fee Req	uired
Zip	Country	Zip	Country	y	6. E	lection Campaign I	Financing		\$5.00 N	Лау Ве
24	25 29 30			Trust Fund Contribution Adde					Added to	Fees
9. Name	and Address of Current Re	gistered Agent			10. 1	Name and Address	s of New Re	egistered A	\gent	
		·	81	Name	•					
BAER, MARY				Street A	Address (P. C	D. Box Number is N	lot Acceptal	ble)		
500 N.E. 12TH AVE				Subotr	r. i) econom	S. DOX MAINDON IS IN	tot / tooptal	,		
APT 201				1						
HALLANDALE FL 3300	νο.		_						las Zin C	
HALLANDALE I'L 3300	פּו		84	City		•		FL	85 Zip C	000
11 Pursuant to the provision	ons of Sections 617.0502 an	d 617 1508. Florida Statut	tes the abov	e-named o	corporation :	submits this statem	ent for the p	ourpose of o	hanging its r	egistered
office or majetered age	nt or both in the State of F	lorida. Such change was a	iuthorized by	the carbo	oration's boa	rd of directors. I he	reby accept	the appoin	tment as reg	istered
agent. I am familiar wit	h, and accept the obligations	s of, Section 617.0503, Fig.	onda Statute:	S.						
SIGNATURE	, Chiange of Samuel of Samuel Company	the if molicable (BIOTE	Designand And	est signature re	equired when rein	nstating)		DATE	<u> </u>	
Signature, typed o	r printed name of registered agent and OFFICERS AND D		13.	IN SIGNATURE TO		DITIONS/CHANG	ES TO OFF	ICERS ANI	DIRECTOR	RS IN 12
mle PD	OI TIOERO AND D	₽ DELETE	1.1 TITLE		PNP	1 10000	1 11 12		Change	☐ Addition
OUT THE PARTY OF	LLE, ALEXIS		1.2 NAME	[1707	A ANSE	rmo)	,		
500 NE 40	,		J	T ADDRESS	500	N.E. 1	VAV	•.	•	
HALLANDA					Hall	ANDALE,	FL	7200	,9	
	LE, FL 00000 33009	[7] DELETE	1.4 CITY-5 2.1 TITLE	ST-ZIP	F/75-h.	KNUHAN-	/ /	3 200	Change	Addition
TITLE	CDANOINE	(3) DELETE		1						
NAME CARRIER,			2.2 NAME							
STREET ADDRESS 500 NE 12	·_ · · · · · ·			ET ADDRESS			• -			
	LE, FL 00000 33009	[7] a.c. c.r.c	2.4 CITY-	ST-ZIP	366	b	<u> </u>		Change	Addition
TITLE SD		DELETE	3.1 TITLE	ļ	17617	RICE K	CHARE	アドベ	□ cuange	☐ Addition
NAME KLAPPER,			3.2 NAME	1	COU	N.E. 17	as.	•		
STREET ADDRESS 500 NE 12		₹	3.3 STREE	ET ADDRESS	500	15.6		, n	22009	7
CITY-ST-ZIP HALLANDA	LE, FL 00000 33009		3.4. CITY-	ST-ZIP	HAL	LANDI	465,	12h_)	
TITLE D		☐ DELETE	4.1 TITLE	Ī	MINI	Y. P. Karal	DAEG	7.6	<u></u> Change	☐ Addition
NAME . ANSELMO,	JULIA		4. 2 NAME	:	47 ^ /	Y P. GOL	א שטיע	ī Š		
STREET ADDRESS 500 NE 12	TH AVE		4.3 STREE	ET ADDRESS	4 (77)	N 6 17	- 2-11			
CITY-ST-ZIP HALLANDA	LE, FL 00000 33009		4.4 CITY-	ST-ZIP	HALL	AND AL	F 1-	L 19	001	
TITLE D		₩ DELETE	5.1 TITLE		DIR. W	ALENTIN.	E Mai	Neu ho	Change	Addition
NAME MAYER, NA	ADINE		5.2 NAME	1	×000	N.E. 12	AV			
STREET ADDRESS 500 NE 12			5.3 STREE	ET ADDRESS	,,,,	,	_	ን 24 .	a d	
CITY-ST-ZIP HALLANDA			5.4 CITY-	ST-ZIP	MARK	ANDAKI	5,124	120	27	
TITLE VD		☑ DELETE	6.1 TITLE		VP KG	ANDAKI AR PRO DE IVI	SAFA	,	☐ Change	Addition
NAME BAER, MAI	RY		6.2 NAME		1 - 2 J	MIC PRO	115			
STREET ADDRESS 500 N.E. 1			6.3 STREE	ET ADDRESS	300	NE /V/	TV .		Q	
4441.45154			6.4 CITY-	l l	HALL	HANDALIS	= FL	ろろく	~	
14. I hereby certify that the	information supplied with th	is filing does not qualify fo			in Section	119.07(3)(i), Florida	Statutes. I	further cert	ify that the in	formation

indicated on this annual report or supplemental annual report ld accurate and that my signature shall have the same legal effect as if made under oath; that I am ar ed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

Applied For

Not Applicable

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