

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

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

DOCUMENT # 724288

1. Corporation Name

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/06/1972

4. FEI Number

59-1444755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAER, MARY
500 N.E. 12TH AVE
APT 201
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUENNEVILLE, ALEXIS
STREET ADDRESS 500 NE 12TH AVE
CITY-ST-ZIP HALLANDALE, FL 00000 33009 ☒ DELETE

TITLE T
NAME CARRIER, FRANCINE
STREET ADDRESS 500 NE 12TH AVE
CITY-ST-ZIP HALLANDALE, FL 00000 33009 ☒ DELETE

TITLE SD
NAME KLAPPER, BEATRICE
STREET ADDRESS 500 NE 12TH AVE
CITY-ST-ZIP HALLANDALE, FL 00000 33009 ☐ DELETE

TITLE D
NAME ANSELMO, JULIA
STREET ADDRESS 500 NE 12TH AVE
CITY-ST-ZIP HALLANDALE, FL 00000 33009 ☒ DELETE

TITLE D
NAME MAYER, NADINE
STREET ADDRESS 500 NE 12 AVE
CITY-ST-ZIP HALLANDALE FL ☒ DELETE

TITLE VD
NAME BAER, MARY
STREET ADDRESS 500 N.E. 12TH AVE.
CITY-ST-ZIP HALLANDALE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ANSELMO, JULIA
1.2 NAME 500 N.E. 12 AV.
1.3 STREET ADDRESS HALLANDALE, FL 33009 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE BEATRICE KLAPPER
3.2 NAME 500 N.E. 12 AV
3.3 STREET ADDRESS HALLANDALE, FL 33009 ☐ Change ☐ Addition

4.1 TITLE ALVIN P. GOLDBERG
4.2 NAME 500 N.E. 12 AV.
4.3 STREET ADDRESS HALLANDALE FL 33009 ☒ Change ☐ Addition

5.1 TITLE DIR. VALENTINE MONCUHOP
5.2 NAME 500 N.E. 12 AV
5.3 STREET ADDRESS HALLANDALE, FL 33009 ☐ Change ☐ Addition

6.1 TITLE CESAR PROSPERI
6.2 NAME 500 NE 12 AV.
6.3 STREET ADDRESS HALLANDALE FL 33009 ☐ Change ☒ Addition

14. I 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/5/99

954-454-3522

Date Daytime Phone #

CR2E037-11/98