2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
02-11-2004 90027 017 ****61.25

DOCUMENT # 724288

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.

Principal Place of Business	Mailing Address
500 NE 12TH AVE APT 206 HALLANDALE FL 33009	500 NE 12TH AVE APT 206 HALLANDALE FL 33009 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
500 NE 12 AVE	500 NE 12 m AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Hallandale, Fl	City & State: Hallandale
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number 59-1444755 ☐ 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 N.E. 12TH AVE APT 706 HALLANDALE FL 33009	Name: Carlos Castelblanco Street Address (P.O. Box Number is Not Acceptable): c/o meadowbrook Condo Apts Bld #3 Inc 500 NE 12 AVE City: Hallandale FL Zip Code: 33009

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 X Carlos J. Castelblanco
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NADINE, MAYER 500 NE 12TH AVE APT 206 HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Selma Goldberg 500 NE 12 Ave APT 508 Hallandale, Fl 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CESAR, PROSPERI 500 NE 12TH AVE APT L HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Iljana Cuk 500 NE 12 Ave APT #507 Hallandale, Fl 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIESEN, JOSEPH 500 NE 12TH AVE APT 402 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Riesen, Joseph 500 NE 12 AVE - Apt #402 Hallandale, Fl 33009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JULIETTE, ANSELMO 500 NE 12TH AVE APT 503 HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Chris Ileana 500 NE 12 Ave APT #705 Hallandale, Fl 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVINEL, ZURZ 500 NE 12TH AVE APT 301 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lavinel, Zurz 500 NE 12 Ave APT #301 Hallandale, Fl 33009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Selma Goldberg Secy 1/29/04 954-456-2961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #