2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-07-2005 90035 038 ****61.25

DOCUMENT # 724288

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.

Principal Place of Business	Mailing Address
500 NE 12 AVE. HALLANDALE FL 33009	500 NE 12 AVE. HALLANDALE FL 33009 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
CASTELBLANCO, CARLOS C/O MEADOWBROOK CONDOMINIUM APTS., BLDG. 500 NE 12 AVE., #3 HALLANDALE FL 33009	Name: ANGELO H. FRASCARELLI Street Address (P.O. Box Number is Not Acceptable): 500 NE 12th Avenue- Apt. 706 City: HALLANDALE BEACH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	S Secretary GOLDBERG, SELMA 500 NE 12 AVE., APT. 508 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Vicepresident CUK, ILJANA 500 NE 12 AVE., APT. #507 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President RIESEN, JOSEPH 500 NE 12TH AVE APT 402 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ILEANA, CHRIS 508 NE 12 AVE., APT. #705 HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAVINEL, ZURZ 500 NE 12TH AVE APT 301 HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CESAR PROSPERI Trustee 500 NE 12th Ave. Apt 103 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: Joseph Riesen, President 4-01-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #