2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 019 ****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

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

1st MOORE CR2E037 (10/05)

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 H 500 NE 12TH AVE APT 706 HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature] 03-24-06

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, 2006

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	S ☐ Delete	TITLE	V ☐ Change ☑ Addition
NAME	GOLDBERG, SELMA	NAME	LEVINEL ZURZ
STREET ADDRESS	500 NE 12 AVE., APT. 508	STREET ADDRESS	500 NE 12th Ave. Apt 301
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T ☑ Delete	TITLE	T ☐ Change ☑ Addition
NAME	CUK, ILJANA	NAME	SHELDON KAUFMAN
STREET ADDRESS	500 NE 12 AVE., APT. #507	STREET ADDRESS	500 NE 12th Ave. Apt.304
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIESEN, JOSEPH	NAME	
STREET ADDRESS	500 NE 12TH AVE APT 402	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PROSPERI, CESAR	NAME	
STREET ADDRESS	500 NE 12TH AVE APT 103	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] Joseph Riesen 03-24-06