


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90039 048 \*\*\*\*61.25

<b>DOCUMENT # 724288</b> 1. Entity Name <b>MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.</b>					
Principal Place of Business 500 NE 12 AVE. HALLANDALE FL 33009		Mailing Address 500 NE 12 AVE. HALLANDALE FL 33009 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1444755</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent  <b>FRASCARELLI, ANGELO H</b> <b>500 NE 12TH AVE APT 706</b> <b>HALLANDALE FL 33009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GOLDBERG, SELMA 500 NE 12 AVE., APT. 508 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KAUFMAN, SHELDON 500 NE 12th AVE, APT 304 HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RIESEN, JOSEPH 500 NE 12TH AVE APT 402 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ILIANA, STELIAN 500 NE 12th AVE, APT 705 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PROSPERI, CESAR 500 NE 12TH AVE APT 103 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COUTARD, GIOVANNI 500 NE 12th AVE, APT 707 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LEVINEL, ZURZ 500 NE 12TH AVE APT 301 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KAUFMAN, SHELDON 500 NE 12TH AVE APT 304 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:** Yurzel Zurz - LEVINEL ZURZ - VICEPRESIDENT 0330-07