

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724288

FILED
Apr 19, 2009
Secretary of State

Entity Name: MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3, INC.

Current Principal Place of Business:

500 NE 12 AVE.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

500 NE 12 AVE.
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-1444755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRASCARELLI, ANGELO H
500 NE 12TH AVE APT 706
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GOLDBERG, SELMA
Address: 500 NE 12 AVE., APT. 508
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: ROCHA, MARIA A
Address: 500 NE 12TH AVE. APT. 201
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V () Delete
Name: RIESEN, JOSEPH
Address: 500 NE 12TH AVE. APT. 402
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: ZURZ, LAVINEL
Address: 500 NE 12TH AVE. APT. 301
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: P () Delete
Name: ZELIKO, LAZIC
Address: 500 NE 12TH AVE. APT 504
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOLD, SHARON
Address: 500 NE 12TH AVE. APT. 407
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZIC ZELIKO

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date