

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726122

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** MEADOWBROOK I-J-K-L CORPORATION, INC.

**Current Principal Place of Business:**

3801 N UNIVERSITY DR  
314  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

C/O SOUTH FLORIDA MANAGEMENT SERVICES  
10295A N.W. 46TH STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

3801 N UNIVERSITY DR  
SUITE 308  
SUNRISE, FL 33351 US

**New Mailing Address:**

C/O SOUTH FLORIDA MANAGEMENT SERVICES  
10295A N.W. 46TH STREET  
SUNRISE, FL 33351

**FEI Number:** 59-1446098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAYE & BENDER PI  
6261 NW 6TH WAY  
FT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

KAYE & BENDER P.L.  
1200 PARK CENTRAL BLVD. SOUTH  
POMPANO BEACH, FL 33064 US

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: MICHAEL BENDER

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANAVE, VITO  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: VP  
Name: RECINE, DARIO  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: T  
Name: MAKIS, MICHAEL  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: S  
Name: SARSFIELD, STEPHEN  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D  
Name: ARANZULLO, FRED  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D  
Name: WINTER, PHILIP  
Address: P O BOX 25495  
City-St-Zip: TAMARAC, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: VITO LANAVE

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date