

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

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 033 ****70.00

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1. Entity Name

**MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING
#7, INC.**



Principal Place of Business

**1000 NORTHEAST 12TH AVENUE
HALLANDALE FL 33009**

Mailing Address

**1000 NORTHEAST 12TH AVENUE
OFFICE
HALLANDALE FL 33009**

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

59-1511803

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

**MAIMAN, DORIS
1000 NE 12TH AVENUE
APT 608
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, 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, 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 PD ☐ Delete
NAME MAIMAN, DORIS
STREET ADDRESS 1000 NE 12TH AVENUE, APT 608
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VPD ☐ Delete
NAME HRISHKO, NATALIE
STREET ADDRESS 1000 NE 12 AVE., APT 507
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TD ☐ Delete
NAME SALAZAR, ELY
STREET ADDRESS 1000 NE 12TH AVENUE, APT 308
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME LOPEZ JOSUE
STREET ADDRESS 1000 NE 12 AVE. APT 106
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE D ☐ Delete
NAME ELDER JAMES
STREET ADDRESS 1000 NE 12 Ave. - APT 604
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Josue Lopez Josue Lopez Feb 15 / 05 954-458-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #