

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90245 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727101**

1. Corporation Name  
**MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.**

Principal Place of Business 901 N.E. 14 AVE. HALLANDALE FL 33009	Mailing Address 901 N.E. 14 AVE. HALLANDALE FL 33009
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/13/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1511002
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRON, PATRICIA	1.2 NAME	
STREET ADDRESS	901 N.E. 14TH AVE, #707	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJOR, JEANNINE M	2.2 NAME	MATHER BRUCE
STREET ADDRESS	901 N.E. 14TH AVE., #505	2.3 STREET ADDRESS	901 N.E. 14TH AVE #708
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, LUCILLE	3.2 NAME	
STREET ADDRESS	900 N.E. 14TH AVE., #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIS, JOEL	4.2 NAME	
STREET ADDRESS	901 N.E. 14TH AVE., #306	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TRD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TRD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHN, MARTIN	5.2 NAME	MAJOR, JEANNINE M
STREET ADDRESS	901 N.E. 14TH AVE	5.3 STREET ADDRESS	901 N.E. 14TH AVE #505
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	5.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucille Hartman* 2/18/99 954-454-8834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)