


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-10-2006 90330 049 ****61.25

DOCUMENT # 727101

1. Entity 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

66017428



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02212006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
59-1511002

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUCILLE HARTMAN
 901 NE 14TH AVE. APT. 105
 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name **GIANINA A. DRAGOI**

Street Address (P.O. Box Number is Not Acceptable)
901 NE 14th Ave., #208

City **Hallandale Beach FL** Zip Code **33009**

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 *Lucille Hartman*

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
P	HARTMAN, LUCILLE	901 NE 14TH AVE. #105	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
SD	FLUS, KATHY	801 NE 14TH AVE. #101	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
T	KAHN, MARTHA	901 NE 14TH AVENUE 101	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PRESIDENT	GIANINA DRAGOI	901 NE 1400E # 208	Hallandale, FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	ASTRID PIZZINO	901 NE 1400E # 107	Hallandale, FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRES	URSULA TIMIS	901 NE 1400E # 407	Hallandale, FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	NORMAND DERY	901 NE 1400E # 203	Hallandale, FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRES	TOMY CAROLEO	901 NE 1400E # 207	Hallandale, FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gianina Dragoi* **GIANINA DRAGOI** 05/15/06 (95A) 709-6678

Signature and typed or printed name of signing officer or director Date Daytime Phone #