

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 728481 (3)
1. Corporation Name
THE MEADOWS CONDOMINIUM ASSOCIATION, INC.Principal Place of Business Mailing Address
377 SW 56TH AVENUE 377 SW 56TH AVENUE
MARGATE FL 33068 MARGATE FL 33068-1835

3. Date Incorporated or Qualified 12/26/1973	3a. Date of Last Report 02/01/1996
4. FEI Number 59-1532044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

POLIFKAFF, GARY A
EMERALD LAKE COPORATE PARK
3111 STIRLING RD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DEASCENTIS, JOHN	1.2 NAME	RICHARD J. HARTMANN
STREET ADDRESS	5621 S.W. 2ND COURT 117	1.3 STREET ADDRESS	5641 S.W. 2ND COURT
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	MARGATE, FLORIDA 33068
TITLE	VPD	2.1 TITLE	
NAME	ANDUJAR, JOSE	2.2 NAME	
STREET ADDRESS	375 SW 56TH AVE 109	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	HARTMANN, RICHARD	3.2 NAME	RAYMOND LAVOIE
STREET ADDRESS	5641 S.W. 2ND COURT 201	3.3 STREET ADDRESS	5680 S.W. 3RD PLACE
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE, FLORIDA 33068
TITLE	SD	4.1 TITLE	
NAME	CORRENTI, CAROL	4.2 NAME	
STREET ADDRESS	5640 S.W. 3RD PLACE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	ANDUJAR, JOSE	5.2 NAME	ETTORE G. MAGLIOLA
STREET ADDRESS	5620 S.W. 3RD PLACE 106	5.3 STREET ADDRESS	5681 S.W. 2ND COURT
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE, FLORIDA 33068
TITLE	D	6.1 TITLE	D.
NAME	RUBIN, CARL	6.2 NAME	ANDRE CHARETTE
STREET ADDRESS	5661 S.W. 2ND COURT 208	6.3 STREET ADDRESS	5621 S.W. 2ND COURT
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	MARGATE, FLORIDA 33068

14. I do 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 as an attachment with an address.

SIGNATURE:

Richard Hartmann RICHARD J. HARTMANN Pres 2/17/97 95492383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone # 0025700

CR2E037 (9/96)