

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728481** (3)
1. Corporation Name
THE MEADOWS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 377 SW 56TH AVENUE MARGATE FL 33068	Mailing Address 377 SW 56TH AVENUE MARGATE FL 33068
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/26/1973	Applied For Not Applicable
4. FEI Number 59-1532044	
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARTMAN, RICHARD J.
STREET ADDRESS	5641 SW 2 CT
CITY - ST - ZIP	MARGATE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ANDUJAR, JOSE
STREET ADDRESS	375 SW 56TH AVE 109
CITY - ST - ZIP	MARGATE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	LAVOIE, RAYMOND
STREET ADDRESS	5680 SW 3 PLACE
CITY - ST - ZIP	MARGATE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CORRENTI, CAROL
STREET ADDRESS	5640 S.W. 3RD PLACE 201
CITY - ST - ZIP	MARGATE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MAGLIOLA, ETTORRE G.
STREET ADDRESS	5681 SW 2 CT
CITY - ST - ZIP	MARGATE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHARETTE, ANDRE
STREET ADDRESS	5621 SW 2 CT
CITY - ST - ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOUDREAU, GASTON
1.3 STREET ADDRESS	5681 SW 2 CT
1.4 CITY - ST - ZIP	MARGATE FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEDUC, ROMEO
2.3 STREET ADDRESS	5660 SW 3RD PL
2.4 CITY - ST - ZIP	MARGATE FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CABANA, ROGER
3.3 STREET ADDRESS	5661 SW 2ND CT
3.4 CITY - ST - ZIP	MARGATE, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GAUDETTE, J. CLAUDE
4.3 STREET ADDRESS	375 S.W. 56TH AVE
4.4 CITY - ST - ZIP	MARGATE, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____

Richard Hartman

2/16/98 954-972-3823

CP2E037 (10/97)