

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730679

**FILED**  
**Jun 15, 2004**  
**Secretary of State****Entity Name:** MEADOWBROOK ASSOCIATION SECTION A, INC.**Current Principal Place of Business:**C/O CARLOS I CASTELBLANCO  
421 NE 14 AVE #206  
HALLANDALE, FL 33009 US**New Principal Place of Business:****Current Mailing Address:**C/O CARLOS I CASTELBLANCO  
421 NE 14 AVE #101  
HALLANDALE, FL 33009 US**New Mailing Address:****FEI Number:** 59-1660412**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CALLEJA, LINDA  
421 NE 14 AVE - 406  
HALLANDALE BEACH, FL 33009 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** CALLEJA, LINDA  
**Address:** 421 NE 14 AVE - 406  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** V ( ) Delete  
**Name:** DJULVEZAN, PAVEL D  
**Address:** 420 NE 14TH AVENUE, #402  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** T ( ) Delete  
**Name:** TENNYSON, RITA  
**Address:** 501 NE 14 AVE #306  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** D ( ) Delete  
**Name:** BEVACQUA, ROSE  
**Address:** 421 NE 14 AVE 402  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** D ( ) Delete  
**Name:** TZIMORANGES, GEORGE  
**Address:** 421 NE 14 AVE #404  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** D ( ) Delete  
**Name:** REISEN, JOSEPH  
**Address:** 500 NE 12TH AVE  
**City-St-Zip:** HALLANDALE, FL 33009**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** ARDITO, TAMMY  
**Address:** 501 NE 14 AVE #702  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** D (X) Change ( ) Addition  
**Name:** BUTLER, SUZANNE  
**Address:** 421 NE 14 AVE #701  
**City-St-Zip:** HALLANDALE BEACH, FL 33009**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA CALLEJA

P

06/15/2004

Electronic Signature of Signing Officer or Director

Date