2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90021 040 ****61.25

DOCUMENT # 730679

1. Entity Name

MEADOWBROOK ASSOCIATION SECTION A, INC.

Principal Place of Business	Mailing Address
C/O CARLOS I CASTELBLANCO 421 NE 14 AVE #206 HALLANDALE FL 33009 US	C/O CARLOS I CASTELBLANCO 421 NE 14 AVE #101 HALLANDALE FL 33009 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1660412 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLEJA, LINDA 421 NE 14 AVE - 406 HALLANDALE BEACH FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25. Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ No **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CALLEJA, LINDA 421 NE 14 AVE - 406 HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARNONE, JOSEPHINE 421 N.E. 14 AVE. #408 HALLANDALE BEACH FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Secretary ANAMARIA Rocha 500 NE 12th AVE #201 Hallandale, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZURZ, KAVINEL 500 N.E. 12 AVE. #301 HALLANDALE BEACH FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSSO, KATHY 420 NE 12TH AVE #407 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, ALVIN 500 NE 12TH AVE #308 HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Director PAVEL DJULVEZAN 420 NE 12th Ave #402 Hallandale FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda Calleja 2/17/08 9544588472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #