

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # 730986

1. Entity Name
**MEADOWBROOK LAKES CONDOMINIUM APARTMENTS
BUILDING #1, INC.**



Principal Place of Business
**1025 SOUTHEAST 2ND AVENUE
DANIA BEACH, FL 33004**

Mailing Address
**1025 SOUTHEAST 2ND AVENUE
DANIA BEACH, FL 33004**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1603033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEBRUN, PAUL
1025 SE 2ND AVE 203
DANIA BEACH, FL 33004**

**DO NOT WRITE
IN THIS SPACE**

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

Paul Lebrun

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

(NOTE: Registered Agent signature required when translating)

1-6-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEBRUN, PAUL
STREET ADDRESS	1025 SE 2ND AVE 203
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	THOMAS, KEITH
STREET ADDRESS	1025 SE 2ND AVE 204
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	VP
NAME	GUZMAN, GLADYS
STREET ADDRESS	1025 SE 2ND AVE 405
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	LOOKNANAN, HARRY
STREET ADDRESS	1025 SE 2ND AVE. 404
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	T
NAME	DUMOULIN, JEANPAUL
STREET ADDRESS	1025 SE 2 AVENUE # 304
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000778982
01/11/08-80020-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Paul Lebrun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-08

DATE

Daytime Phone #