, FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731669

1. Corporation Name

MEADOWBROOK LAKES CONDOMINIUM APARTMENTS BUILDIN G #3, INC.

Prin	ncip	al Pla	ice of	Business
206	SE	10TH	ST.	

2. Principal Place of Business

Suite, Apt. #: etc.

DANIA FL 33004 .

Mailing Address 206 SE 10TH ST.

DANIA FL 33004

2a. Mailing Address

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FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90059 004 ****61.25



3. Date Incorporated or Qualifed

01/21/1975

22	,	Suite, Apr. W, etc.			4. FEI Number		Applied For	
City & Sta	ate .	27			59-1603458	<u>·</u>	Not Applicable	
23	,	City & State			5. Certificate of Status Desired		5 Additional	
Zip	Country	Zip	0			Fee	Required	
24	25	⊢ `	Country	1	6. Election Campaign Financing	¬ \$5.0	0 мау Ве	
24]	9. Name and Address of Current Registered Agent				Trust Fund Contribution Added to Fees			
	3. Name and Address of Current	Kegistered Agent		т	10. Name and Address of New Regi	stered Agent	· · · · · · · · · · · · · · · · · · ·	
			∤81	Name				
BERKOWITZ, ESTHER				Street A	ddress (P.O. Box Number is Not Acceptable)			
206 SE 10TH STREET					dalloss (F.O. DOX Humber is Not Acceptable)			
DANIA FL 33004			83					
				<u> </u>				
				City			p Code	
11. Pursuan	t to the provisions of Sections 617.0502 a	and 617.1508, Florida Statute	s, the above	a-named co	orporation submits this statement for the purp	X - ,	ite registered	
agent.	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was au	thorized by	the corpor	audit a board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE	• •	is of, Section 617.0505, Figh	ida Statutes			401-1-3-11	2 A 19 May 1999	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if apolicable. (NOTE:	Registered Agen	t einentum ron	ulred when reinstating)	<u> </u>		
12.	OFFICERS AND		13.	r agriative tedi	ADDITIONS/CHANGES TO OFFICE	DATE	TODO IN 40	
TITLE	ŞD .	☐ DELETE	1.1 TITLE	$\overline{}$	CATALON STATES	Change		
NAME	BERKOWITZ, ESTHER		1.2 NAME		A = A + A + A + A + A + A + A + A + A +	Criangi	e Addition	
STREET ADDRESS				ADDDCCC				
CITY-ST-ZIP	CARNA EL ACADA		1.3 STREET			•		
TITLE	TD	□ DELETE	1.4 CITY-ST	-ZIP	i			
NAME	BERKOWITZ, HARRY	LJ DEGETE	2.1 TITLE		4	☐ Change	Addition	
STREET ADDRESS	1:		2.2 NAME	- 1				
			2.3 STREET	ADDRESS	*. · ·	· -	,	
CITY-ST-ZIP *	DANIA, FL 00000		2. 4 CITY-ST	-ZIP			•	
	'	DELETE	3.1 TITLE			Change	Addition	
	CLARKE, PETER		3.2 NAME	ļ				
	TREET ADDRESS 206 SE 10TH ST		3.3 STREET	ADDRESS		. *		
CITY-ST-ZIP	DANIA FL		3.4. CITY-ST	-ZIP				
TITLE .	D	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	MOREL, G.		4. 2 NAME	1		_		
STREET ADDRESS	206 SE 10TH ST		4.3 STREET A	ADDRESS				
CITY-ST-ZIP	DANIA FL		4.4 CITY-ST-	7IP				
TITLE	VP	☐ DELETE	5.1 TITLE		<u> </u>	☐ Change	Addition	
NAME	MOREL, CLAUDETTE		5.2 NAME	1				
STREET ADDRESS	206 SE 10TH ST		5.3 STREET A	DORESS	•			
CITY-ST-ZIP	DANIA FL		5.4 CITY-ST-	- 1				
TITLE		☐ DELETE	6.1 TITLE			,		
NAME			6.2 NAME	İ		☐ Change	Addition	
STREET ADDRESS			6.3 STREET A	DODESS				
CITY-ST-ZIP							ļ	
	ertify that the information supplied with th	is filing does not qualify for th	6.4 C/TY-ST-	o stated in	Section 440 07(0)(2) El O			

indicated on this annual report or 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 suppliemental 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.