

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90011 009 ****61.25

DOCUMENT # 731669 1. Entity Name MEADOWBROOK LAKES CONDOMINIUM APARTMENTS BUILDING #3, INC.					
Principal Place of Business 206 SE 10TH ST. DANIA, FL 33004			Mailing Address 206 SE 10TH ST. DANIA, FL 33004		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1603458				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNOR, NORMA MS 206 SE 10TH STREET DANIA, FL 33004			7. Name and Address of New Registered Agent 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: <i>Norma D. Connor, Secretary</i> DATE: <i>January 22, 2004</i> Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.					
Filing Fee is \$61.25 Due by May 1, 2004.		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENARD, RON 206 SE 10TH ST DANIA BEACH, FL 33004	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DES JARDIN, GUY 206 SE 10TH ST DANIA BEACH, FL 33004	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNOR, NORMA 206 SE 10TH ST DANIA BEACH, FL 33004	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALVIN, JACKIE 206 SE 10TH ST DANIA BEACH, FL 33004	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREL, JEAN G 206 SE 10TH ST DANIA, FL 33004	☐ 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 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 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: <i>Norma D. Connor</i> DATE: <i>January 22, 2004</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					