

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90048 044 \*\*\*\*70.00

<b>DOCUMENT # 732249</b> 1. Entity Name <b>MEADOWBROOK ASSOCIATION SECTION B, INC.</b>					
Principal Place of Business <b>1001 NE 14TH AVE #307 HALLANDALE, FL 33009 US</b>			Mailing Address <b>1001 NE 14TH AVE #307 HALLANDALE, FL 33009 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1000 NE 12 Ave</b>		3. Mailing Address <b>1000 NE 12 Ave</b>			
Suite, Apt. #, etc. <b>APT 108</b>		Suite, Apt. #, etc. <b>APT 108</b>			
City & State <b>HALLANDALE Bch. FL</b>		City & State <b>HALLANDALE Bch. FL</b>			
Zip <b>33009</b>		Zip <b>33009</b>			
Country <b>US</b>		Country <b>US</b>		02222008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1659409</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROMERO, AMERICO 1001 NE 14TH AVE #307 HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name <b>ROBERT LA GUARDIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1000 NE 12 Ave. APT. 108</b> City <b>HALLANDALE Bch. FL</b> Zip Code <b>33009</b>		
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 <u><i>Robert La Guardia</i></u> <b>Robert La Guardia</b> <b>3-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURETZKY, MIRIAM 1001 NE 14TH AVE #102 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ROBERT LA GUARDIA 1000 NE 12 Ave. APT. 108 HALLANDALE Bch. FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMIS, VASALIE 901 NE 14TH AVE #407 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. YOSI LAZZAR 1001 NE 14 Ave. APT 504 HALLANDALE Bch. FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SABINI, PAULINE 1001 NE 14TH AVE. #604 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FRANK-MAURO 1001 NE 14 Ave. APT 203 HALLANDALE Bch. FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, AMERICO 1001 NE 14TH AVE #307 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. NIKOLAI LADNOV 1000 NE 12 Ave. APT 601 HALLANDALE Bch. FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, RITA 900 NE 12TH AVE #708 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHARA ALLEN 900 NE 12 Ave. APT 506 HALLANDALE Bch. FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Robert La Guardia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-14-08</b> <small>Date Daytime Phone #</small>		