


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 736188	
1. Entity Name MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #5, INC.	

Principal Place of Business 201 SE 11TH TERRACE APT 204 DANIA, FL 33004 US	Mailing Address 201 SE 11TH TERRACE APT 204 DANIA, FL 33004 US
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1726063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS, PAULINE
201 SE 11 TERR
STE 204
DANIA, 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 PAULINE ADAMS *Pauline Adams* 4-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104134 04/05/04-80085-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKNER, JUDITH 201 SE 11TH TERR DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, J 201 SE 11TH TERRACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, PAULINE 201 SE 11TH TERRACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDMAN, RUTH 201 SE 11TH TERRACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONGREEN, KEN 201 SE 11 TERR DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILBERT, EDYTHE 201 SE 11 TERR DANIA BEACH, FL 33004

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Pauline Adams* *Judith Bruckner* *J. Ryan* *3/26/04* *954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #