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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748684

1. Corporation Name
MEADOWBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Land Cap Property Services 13800 SW 144 Ave. Rd. Miami, Fl 33186	Land Cap Property Services 13800 SW 144 Ave. Rd. Miami, Fl. 33186

3. Date Incorporated or Qualified: August 28, 1979

4. FEI Number: 59-2105478 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
1 c/o Bonafide Mgmt Group,Inc	26 c/o Bonafide Mgmt Group,Inc
Suite, Apt. #, etc. 22 2050 Coral Way, Suite #515	Suite, Apt. #, etc. 27 2050 Coral Way, Suite #515
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33145 / 25 U.S.	Zip / Country 29 33145 / 30 U.S.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Land Cap Property Services, Inc. 13800 SW 144 Ave. Rd. Miami, Fl. 33186	31 Name: Bonafide Management Group, Inc. 32 Street Address (P.O. Box Number is Not Acceptable): 2050 Coral Way, Suite #515 33 34 City: Miami,

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The registered agent has been registered as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ricardo Russi for Bonafide Mgmt Group, Inc. 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS (OPTIONAL)		
TITLE	PD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	Michael Beetley		1.2 NAME	Gustavo Gonzalez	
STREET ADDRESS	7345 SW 148th Court		1.3 STREET ADDRESS	7300 SW 148th Court	
CITY-ST-ZIP	Miami, Fl. 33193		1.4 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	Ileana Lima		2.2 NAME	Diana Cobo	
STREET ADDRESS	14756 SW 72nd Terrace		2.3 STREET ADDRESS	7344 SW 148th Court	
CITY-ST-ZIP	Miami, Fl. 33193		2.4 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	Enrique Franco		3.2 NAME	Ana Petrucci	
STREET ADDRESS	7304 SW 148th Court		3.3 STREET ADDRESS	14850 SW 72nd Terrace	
CITY-ST-ZIP	Miami, Fl. 33193		3.4 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	VPD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	Nollene Picard		4.2 NAME	Nollene Picard	
STREET ADDRESS	7341 SW 148th Court		4.3 STREET ADDRESS	7341 SW 148th Court	
CITY-ST-ZIP	Miami, Fl. 33193		4.4 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	DS	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	Winifred Smith		5.2 NAME	Winifred Smith	
STREET ADDRESS	7265 SW 148th Court		5.3 STREET ADDRESS	7265 SW 148th Court	
CITY-ST-ZIP	Miami, Fl. 33193		5.4 CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	D	☐ DELETE	6.1 TITLE	VPD	☐ Change ☒ Addition
NAME	Frank Negron		6.2 NAME	Joe Lawrence	
STREET ADDRESS	7335 SW 148th Court		6.3 STREET ADDRESS	14816 SW 72nd Terrace	
CITY-ST-ZIP	Miami, Fl. 33193		6.4 CITY-ST-ZIP	Miami, Fl. 33193	

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14. 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 annual report or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nollene P. Picard Nollene P. Picard 4.28.98 380.0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020948