


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90258 041 ****61.25

DOCUMENT # 758063
1. Entity Name
THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO. 2, INC.




Principal Place of Business: **C/O CASTLE GROUP, P. O. BOX 189013, PLANTATION FL 33318 US**
Mailing Address: **C/O CASTLE GROUP, P. O. BOX 189013, PLANTATION FL 33318 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-2147734**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**CASTLE MANAGEMENT, INC.
4450 W SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VPD NAME: SULZBACH, JEAN STREET ADDRESS: 9550 W. ELM LANE CITY-ST-ZIP: MIRAMAR FL	<input type="checkbox"/> Delete
TITLE: PD NAME: HINDMAN, DOROTHY STREET ADDRESS: 9751 DAFFODIL LANE CITY-ST-ZIP: MIRAMAR FL	<input type="checkbox"/> Delete
TITLE: TD NAME: TURNQUEST, COLLIN STREET ADDRESS: 9630 W. HEATHER LANE CITY-ST-ZIP: MIRAMAR FL	<input type="checkbox"/> Delete
TITLE: SD NAME: BACQUIE, SHEILA STREET ADDRESS: 9650 ELM LANE CITY-ST-ZIP: MIRAMAR FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Collin Turnquest* **4-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #