


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 02, 2007 8:00 am
Secretary of State

02-14-2007 90054 017 ****61.25

DOCUMENT # N36336 1. Entity Name MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "C", INC.	
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Principal Place of Business 180 SE 5TH AVE DANIA, FL 33004	Mailing Address 180 SE 5TH AVE DANIA, FL 33004
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2997200	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 CHARRON, CLAIRE 190 SE 5TH AVE #407 DANIA, FL 33004	7. Name and Address of New Registered Agent Name PILON, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 190 S.E. 5th Ave #503 City DANIA FL 33004
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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 **SHIRLEY PILON, SECRETARY** X *Shirley Pilon* 02-09-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMSTUTZ, PATRICIA 190 SE 5TH AVE #106 DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELMS J. HELMS 170 S.E. 5TH AVE # 302 DANIA FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, JOHN 190 SE 5TH AVE #408 DANIA, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE WILLIAM A 170 S.E. 5th Ave # 408 DANIA FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANELLI, ELISABETH 190 SE 5TH AVE #304 DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIFFERNANDO CARMELA 170 SE. 5th Ave # 104 DANIA FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANELLI, VINCENT 190 SE 5TH AVE DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILON SHIRLEY 190 SE 5th Ave # 503 DANIA. FL. 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAIRE, CHARRON 190 S.E. 5TH AVE #407 DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAINEY, JOHN 170 SE 5TH AVE #401 DANIA, FL 33004 <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.

SIGNATURE: X *Shirley Pilon* SHIRLEY PILON, SECRETARY, 02/09/07 954.925-4127