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Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90173 048 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36336

90032352

1. Entity Name
MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "C", INC.

Principal Place of Business	Mailing Address
170 S.E. 5TH AVENUE DANIA, FL 33004	170 S.E. 5TH AVENUE DANIA, FL 33004

CHECK HERE IF MAKING CHANGES ☑

2. Principal Place of Business	3. Mailing Address
190 SE 5TH AVE	190 SE 5TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 407
City & State DANIA FL	City & State DANIA FL
Zip 33004 Country BROWARD	Zip 33004 Country BROWARD

4. FEI Number 59-2997200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURLONG, JAMES
170 SE 5TH AVE. 406
DANIA, FL 33304

7. Name and Address of New Registered Agent

Name CLAIRE CHARRON
Street Address (P.O. Box Number is Not Acceptable) 190 SE 5TH AVE #407
City DANIA FL Zip Code 33004

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 Claire Charron Feb 11 - 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☑ Delete	TITLE	S-T	☐ Change ☑ Addition
NAME	FURLONG, JAMES		NAME	DORIE GRAVLIN	
STREET ADDRESS	170 SE 5TH AVENUE 406		STREET ADDRESS	190 SE 5TH AVE #207	
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	TD	☐ Delete	TITLE	VP	☐ Change ☑ Addition
NAME	DI FERNANDO, CARMELA		NAME	GENE MALONE	
STREET ADDRESS	170 SE 5TH AVE #104N		STREET ADDRESS	170 SE 5TH AVE #406	
CITY-ST-ZIP	DANIA, FL		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	TD	☑ Delete	TITLE	DIRECTOR/ FANELLI	☐ Change ☑ Addition
NAME	MALLETTE, RAYMOND		NAME	ELIZABETH FANELLI	
STREET ADDRESS	190 S.E. 6TH AVE, #101		STREET ADDRESS	190 SE 5TH AVE #304	
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	☐ Delete	TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	BABICH, WILLIAM		NAME	JOHN LAINEY	
STREET ADDRESS	170 SE 5TH AVE #305		STREET ADDRESS	170 SE 5TH AVE #301	
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VP	☐ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CLAIRE, CHARRON		NAME		
STREET ADDRESS	190 S.E 5TH AVE #407		STREET ADDRESS	SAME →	
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP		
TITLE	ST	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	BRASS, JACQUES		NAME		
STREET ADDRESS	190 S.E 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DANIA, FL 33004		CITY-ST-ZIP		

CR2E037 (10/02)

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: Dorie Gravlin 2-11-03 954-683-5368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #