

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Meadows of Miram

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 049 ****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**

50051302



2. Principal Place of Business
C/O CASTLE GROUP

3. Mailing Address
C/O CASTLE GROUP

Suite, Apt. #, etc.
12270 SW 3RD STREET

Suite, Apt. #, etc.
P.O. BOX 559009

03082005 Chg-NP CR2E037 (10/03)

City & State
PLANTATION, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
59-2147734

Applied For
Not Applicable

Zip
33325

Country

Zip

33355-9009

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTLE MANAGEMENT, INC.
4450 W SUNRISE BLVD
SUITE C-100
PLANTATION, FL 33313**

Name
MATTHEW SCHLICTE, ESQ

Street Address (P.O. Box Number is Not Acceptable)

2134 HOLLYWOOD BLVD

City
HOLLYWOOD

FL Zip Code
33020

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

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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SULZBACH, JEAN
9550 W. ELM LANE
MIRAMAR, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HINDMAN, DOROTHY
9751 DAFFODIL LANE
MIRAMAR, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHEVANNES, MARCEL
9571 WEST ELM LANE
MIRAMAR, FL 33025** ☐ Change ☒ Addition **delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TURNQUEST, COLLIN
9630 W. HEATHER LANE
MIRAMAR, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BACQUIE, SHEILA
9650 ELM LANE
MIRAMAR, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #