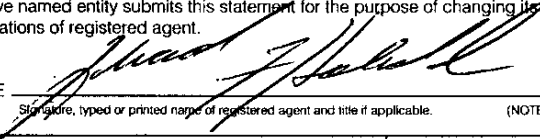


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90020 005 \*\*\*\*61.25

<b>DOCUMENT # 746725</b> 1. Entity Name <b>MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #14, INC.</b>					
Principal Place of Business 1025 SOUTHEAST 4TH AVENUE DANIA BEACH, FL 33004			Mailing Address 1025 SE 4TH AVE <del>APT. 307</del> <b>105</b> DANIA BEACH, FL 33004-5252		
2. Principal Place of Business - No P.O. Box # <b>Above</b>		3. Mailing Address <b>Above</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>402</b>		02162007 Chg-NP CR2E037 (12/06)	
City & State 		City & State 		4. FEI Number <b>59-2055376</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLODAK, EDWARD 2500 HOLLYWOOD BLVD SUITE #212 HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <b>2/23/07</b>  <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>AIUDI, ROGER W</b> <input type="checkbox"/> Delete 1025 SE 4TH AVE. APT. 402 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Aiudi Rugero W</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DUNLEVY, JIM</b> <input type="checkbox"/> Delete 1025 SE 4 AVE., SPT. 305 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>ABELLA, JUAN</b> 1025 SE 4TH AVE. APT. 401 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD STRECHLE, EVAVON</b> 1025 SE 4TH AVE. APT. 408 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD BELLO, RUTH</b> 1025 SE 4TH AVE. #105 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD TINA PETRONE</b> 1025 SE 4TH AVE #104 DANIA BEACH, FL 33004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD TINA PETRONE</b> 1025 SE 4TH AVE #104 DANIA BEACH, FL 33004	
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.					
<b>SIGNATURE:</b>  <b>2-26-07</b> <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					