

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 758063 1. Entity Name THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO. 2, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US		Mailing Address C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. INCORRECT CITY ONLY		3. Mailing Address C/O CASTLE GROUP P.O. BOX 559009	
City & State PLANTATION, FL 33325		City & State FORT LAUDERDALE, FL	
Zip 33325		Zip 33355	
Country US		Country US	
4. FEI Number 59-2147734		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 SCHLICTE, MATTHEW ESQ 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2008		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	
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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNQUEST, COLLIN 9630 W. HEATHER LANE MIRAMAR, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BACQUIE, DOROTHY S 9650 ELM LANE MIRAMAR, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORNEAU, PATRICK 9571 ELM LN MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KEEFE, MAUREEN 9630 DAFFODIL LANE MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANTILLA, MAYRA 9681 W. ELM LANE MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" 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: <u>Maureen O'Keefe</u>		3-27-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>		954-437-3187	

FILED

08 APR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007107



02132008 Chg-NP CR2E037 (12/06)