

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 046 ****61.25

DOCUMENT # 722722

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #2, INC.



Principal Place of Business

**421 N.E. 14TH AVE. # 101
HALLANDALE FL 33009-7477**

Mailing Address

**421 N.E. 14TH AVE. # 101
HALLANDALE FL 33009-7477**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1444264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTEL BLANCO, CARLOS J
421 N.E. 14TH AVE. # 101
HALLANDALE FL 33009**

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

[Signature]

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
Due By May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	CAILEJA, JOSEPH	
STREET ADDRESS	421 N.E. 14TH AVE. # 207	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEMEILLER, JOHN	
STREET ADDRESS	421 N.E. 14TH AVE. # 708	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTELBLANCO, CARLOS J	
STREET ADDRESS	421 N.E. 14TH AVE. # 101	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAGNA, JOSEPHINE	
STREET ADDRESS	421 NE 14TH AVE, # 408	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZINORAUGAS, GEORGE T	
STREET ADDRESS	421 N.E. 14TH AVE. # 404	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE MARIE GUDGIN	
STREET ADDRESS	421 N.E. 14 AVE. - 403	
CITY - ST - ZIP	HALLANDALE FL. 33005	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM ROSENBERG	
STREET ADDRESS	421 N.E. 14 AVE. 605	
CITY - ST - ZIP	HALLANDALE, FL. 33005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

OFFICER

3-25-08