

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722722

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #2, INC.

**Current Principal Place of Business:**

421 N.E. 14TH AVE. # 101  
HALLANDALE, FL 330097477

**New Principal Place of Business:**

**Current Mailing Address:**

421 N.E. 14TH AVE. # 101  
HALLANDALE, FL 330097477

**New Mailing Address:**

**FEI Number:** 59-1444264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VILLANI, JOSEPH  
Address: 421 N.E. 14TH. AVE. # 302  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: ROSU, MIUT  
Address: 421 N.E. 14 TH. AVE. #601  
City-St-Zip: HALLANDALE, FL 33009

Title: T  
Name: CASTELBLANCO, CARLOS J  
Address: 421 N.E. 14TH AVE. # 101  
City-St-Zip: HALLANDALE, FL 33009

Title: S  
Name: GUDGIN, ANNE MARIE  
Address: 421 NE 14 AVE 403  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: ROSENBERG, SAM  
Address: 421 NE 14 AVE 605  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS CASTELBLANCO

T

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date