


**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90027 043 \*\*\*\*\*61.25

<b>DOCUMENT # 731434</b> 1. Entity Name <b>MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #2, INC.</b>						<b>Secretary of State</b> 02-09-2007 90027 043 ****61.25	
Principal Place of Business 202 SE 10TH STREET DANIA, FL 33004				Mailing Address 202 SE 10TH STREET DANIA, FL 33004			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02072007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1603036		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HEYEN, TOM 202 SE 10TH ST SUITE 407 DANIA, FL 33004				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D CASTELLANOS, ALFREDO 202 SE 10TH ST DANIA, FL 33004							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
PT HEYEN, TOM 202 SE 10TH ST. #407 DANIA, FL 33023							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D DROUIN, JEAN GUY 202 SE 10TH ST. 403 DANIA, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
S SELVNA, ANN 202 SE 10TH ST # 308 DANIA, FL 33004							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
VP PONSI, FRANK 202 SE 10TH ST, STE 408 DANIA, FL 33004							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input 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: _____				2/02/07 954-277-8315			
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			