


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90017 047 \*\*\*\*61.25

<b>DOCUMENT # 746725</b> 1. Entity Name <b>MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #14, INC.</b>					
Principal Place of Business <b>1025 SOUTHEAST 4TH AVENUE DANIA BEACH, FL 33004</b>			Mailing Address <b>1025 SE 4TH AVE SUITE 402 DANIA BEACH, FL 33004-5252</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2055376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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 AIUDI, RUGER B W 1025 SE 4TH AVE. APT. 402 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOPERATING 9500 RUGERO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUNLEVY, JIM 1025 SE 4 AVE., SPT. 305 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP ABELLA, JUAN 1025 SE 4TH AVE. APT. 401 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PETRONE, TINA 1025 SE 4TH AVE. APT. 104 DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAROLYN MUSCARELO 1025 SE 4TH AVE # 202 DANIA BEACH FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELLO, RUTH 1025 SE 4TH AVE. #105 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <i>Ruggero W. Aiudi</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>2-2-08</i> Daytime Phone #					