


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 016 ****61.25

DOCUMENT # 747611	
1. Entity Name MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #15, INC.	

Principal Place of Business 414 SE 10TH STREET APT #102 DANIA, FL 33004 US	Mailing Address DATA TAX(2000) INC. 6331 STIRLING RD. DAVIE, FL 33314 US
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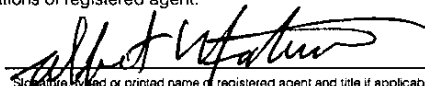
2. Principal Place of Business - No P.O. Box # 414 SE 10th Street	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. 103	Suite, Apt. #, etc.
City & State Dania, Florida	City & State
Zip 33004	Country US



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2062142		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 MUSICO, VIVIAN 414 SE 10TH ST APT 102 DANIA, FL 33004		7. Name and Address of New Registered Agent Name Albert Maturro Street Address (P.O. Box Number is Not Acceptable) 414 SE 10th Street APT #: 103 City Dania State FL Zip Code 33004

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)

1-15-08

DATE

Filing Fee is \$61.25 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATURO, ALBERT 414 SE 10TH STREET, APT. 103 DANIA, 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	VP RINALDO, JOHN A 414 SE 10TH STREET, APT. 407 DANIA, 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	T RINALDO, DOROTHY 414 SE 10TH STREET, APT. 407 DANIA, 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 PARTRIDGE, DENNIS 414 SE 10TH ST APT 104 DANIA, 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	BM ANDO, WILLIAM 414 SE 10TH STREET, APT. 107 DANIA, 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	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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

Daytime Phone #