2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749257

FILED Apr 13, 2008 Secretary of State

Entity Name: MEADOWBROOK LAKES CONDOMINIUM APARTMENTS, BUILDING #16, INC.

Current Principal Place of Business: New Principal Place of Business:

BUILDING #16, INC. 424 S.E. 10TH STREET DANIA, FL 33004

Current Mailing Address: New Mailing Address:

BUILDING #16 424 S.E. 10TH STREET # 201 DANIA, FL 33004

FEI Number: 59-2067713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BIRMINGHAM, THOMAS CAPURSO, DOMENICO 424 S. E. 10TH ST. # 406 424 SE 10TH ST. # 305 DANIA, FL 33004 US DANIA, FL 33004 US

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: DOMENICO CAPURSO 04/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BIRMINGHAM, THOMAS CAPURSO, DOMENICO Name: Name: 424 SE 10TH ST # 406 Address: 424 SE 10TH ST # 305 Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: DANIA, FL 33004 Title: () Delete Title: () Change () Addition

 Name:
 CONNOLLY, FRANCIS
 Name:

 Address:
 424 SE 10TH ST # 104
 Address:

 City-St-Zip:
 DANIA, FL 33004
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 PIRO, DEBBIE
 Name:

 Address:
 424 SE 10TH ST #201
 Address:

 City-St-Zip:
 DANIA, FL 33004
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GUAJARDO, LUIS
 Name:

 Address:
 424 SE 10TH ST #401
 Address:

 City-St-Zip:
 DANIA, FL 33004
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BIRMINGHAM, THOMAS

 Address:
 Address:
 424 SE 10TH ST #406

 City-St-Zip:
 City-St-Zip:
 DANIA, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE PIRO S/T 04/13/2008