

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 750695**

1. Entity Name  
**MEADOWBROOK LAKES CONDOMINIUM APARTMENTS,  
BUILDING #19, INC.**



Principal Place of Business

**425 SE 11TH TERRACE  
DANIA BEACH, FL 33004**

Mailing Address

**MEADOWBROOK LAKES BLDG 19  
425 SE 11 TERR.  
DANIA BEACH, FL 33004**



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1980718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIELER, RICHARD DR  
425 SE 11TH TERRACE  
UNIT 402  
DANIA BEACH, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U00000778158  
01/10/08-80036-017 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PRES</b>
NAME	<b>SPIELER, RICHARD E</b>
STREET ADDRESS	<b>425 SE 11TH TERRACE APT 402</b>
CITY-ST-ZIP	<b>DANIA BEACH, FL 33004</b>
TITLE	<b>T</b>
NAME	<b>WIESE, INGE</b>
STREET ADDRESS	<b>425 SOUTHEAST 11 TERRACE SUITE 304</b>
CITY-ST-ZIP	<b>DANIA BEACH, FL 33004</b>
TITLE	<b>V</b>
NAME	<b>EGGERS, FLORENCE</b>
STREET ADDRESS	<b>425 SOUTHEAST 11TH TERRACE UNIT 201</b>
CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	<b>V2</b>
NAME	<b>EGUIGUREN, EDWARD</b>
STREET ADDRESS	<b>425 SOUTHEAST 11TH TERRACE SUITE 406</b>
CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	<b>SECR</b>
NAME	<b>BUSKE, SALLY</b>
STREET ADDRESS	<b>425 SOUTHEAST 11TH TERRACE SUITE 202</b>
CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #