

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758063 (2)
1. Corporation Name
**THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO
. 2. INC.**

Principal Place of Business Mailing Address
**C/O SUMMIT PROPERTY MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318
US** **C/O SUMMIT PROPERTY MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1981** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2147734** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fees Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental
Fees Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C/O SUMMIT PROPERTY MANAGEMENT
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULZBACH, JEAN	1.2 NAME	
STREET ADDRESS	9550 W. ELM LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDMAN, DOROTHY	2.2 NAME	
STREET ADDRESS	9751 DAFFODIL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNQUEST, COLLIN	3.2 NAME	
STREET ADDRESS	9630 W. HEATHER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S/O
STREET ADDRESS		4.3 STREET ADDRESS	Brandon O'Brien
CITY-ST-ZIP		4.4 CITY-ST-ZIP	9680 W. Daffodil Ln. Miramar, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Sheila Baquie
STREET ADDRESS		5.3 STREET ADDRESS	9650 Elm Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miramar, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Morton* 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date