

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758063 (2)

1. Corporation Name  
**THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO. 2, INC.**



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

3. Date Incorporated or Qualified: 09/08/1981  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2147734  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SULZBACH, JEAN	
STREET ADDRESS	9550 W. ELM LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINDMAN, DOROTHY	
STREET ADDRESS	9751 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURNQUEST, COLLIN	
STREET ADDRESS	9630 W. HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>O'BRIEN, BRENDON</del>	
STREET ADDRESS	<del>9680 W. DAFFODIL LN.</del>	
CITY-ST-ZIP	<del>MIRAMAR FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BACQUIE, SHEILA	
STREET ADDRESS	9650 ELM LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: Collin Turnquest Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)