

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/08/1981	
4. FEI Number 59-2147734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent C/O SUMMIT PROPERTY MANAGEMENT 4450 W SUNRISE BLVD SUITE C-100 PLANTATION FL 33313

10. Name and Address of New Registered Agent 81 Name Castle Property Services Group, Inc.		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration 1/6/98**
Signature, typed or printed name of registered agent and title if applicable. (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	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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VAN DYKE, Florence
5.3 STREET ADDRESS	9731 Elm Lane
5.4 CITY-ST-ZIP	MIRAMAR, FL
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dorothy Hindman* **Dorothy Hindman, Pres. 1/7/98 (954) 792-6000**

CFR2E037 (10/97)