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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758063

1. Corporation Name

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

Principal Place of Business

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318
 US

Mailing Address

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/08/1981

4. FEI Number

59-2147734

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

CASTLE, PROPERTY SERVI
 4450 W SUNRISE BLVD
 SUITE C-100
 PLANTATION 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

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 DELETE
 NAME SULZBACH, JEAN
 STREET ADDRESS 9550 W. ELM LANE
 CITY-ST-ZIP MIRAMAR FL

TITLE PD DELETE
 NAME HINDMAN, DOROTHY
 STREET ADDRESS 9751 DAFFODIL LANE
 CITY-ST-ZIP MIRAMAR FL

TITLE TD DELETE
 NAME TURNQUEST, COLLIN
 STREET ADDRESS 9630 W. HEATHER LANE
 CITY-ST-ZIP MIRAMAR FL

TITLE SD DELETE
 NAME BACQUIE, SHEILA
 STREET ADDRESS 9650 ELM LANE
 CITY-ST-ZIP MIRAMAR FL

TITLE D DELETE
 NAME VAN DYKE, FLORENCE
 STREET ADDRESS 9731 ELM LANE
 CITY-ST-ZIP MIRAMAR FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Dorothy Hindman, President 3/16/99 (954) 792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)