

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90092 048 ****61.25

DOCUMENT # 758063

1. Entity Name

THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO 2, Inc.

Principal Place of Business

Mailing Address

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

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147734

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERV~~
4450 W SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

Name **Castle Management, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Gail H. Sangunett

Gail H. Sangunett, Vice President

1/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	SULZBACH, JEAN	9550 W. ELM LANE	MIRAMAR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	HINDMAN, DOROTHY	9751 DAFFODIL LANE	MIRAMAR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	TURNQUEST, COLLIN	9630 W. HEATHER LANE	MIRAMAR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BACQUIE, SHEILA	9650 ELM LANE	MIRAMAR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VAN DYKE, FLORENCE	9731 ELM LANE	MIRAMAR FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

Dorothy Hindman
Dorothy Hindman, President

DATE

Daytime Phone #

2/29/00 (954) 792-6000

CR2E037 (9/99)