

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758063

FILED  
Mar 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12270 SW 3RD ST  
PLANTATION, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
P.O. BOX 559009  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 59-2147734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLICTE, MATTHEW ESQ  
2134 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SULZBACH, JEAN  
Address: 9550 W. ELM LANE  
City-St-Zip: MIRAMAR, FL

Title: D ( ) Delete  
Name: O'KEEFE, MAUREEN  
Address: 9630 DAFFODIL LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: STD ( ) Delete  
Name: MANTILLA, MAYRA  
Address: 9681 W ELM LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: O'KEEFE, MAUREEN  
Address: 9630 DAFFODIL LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: S (X) Change ( ) Addition  
Name: TURNQUEST, PAT  
Address: 9630 WEST HEATHER LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Change (X) Addition  
Name: GREAVES, MAISE  
Address: 9730 WEST DAFFODIL LANE  
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

03/05/2009

Electronic Signature of Signing Officer or Director

Date