

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90414 001 ***952.50

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000047267

1. Entity Name
MEADOWBROOK OF FLORIDA, INC.



Principal Place of Business
**7250 BENEVA ROAD
SARASOTA, FL 34238**

Mailing Address
**7250 BENEVA ROAD
SARASOTA, FL 34238**

66012408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0839780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLECK, ROGER S
7250 S. BENEVA RD.
SARASOTA, FL 34238**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SPAUN, KAREN M
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AVPAS
MICHAEL E O'SHEA
26255 AMERICAN DR
SOUTHFIELD, MI 48034** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AVPT
DUCO, JOSEPHINE D
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVGC
COSTELLO, MICHAEL G
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCEO
CUBBIN, ROBERT S
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
ALLEN, KENN R
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WILDE, GREGORY L
26255 AMERICAN DRIVE
SOUTHFIELD, MI 48034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL E. O'SHEA
ASST. SECT.**

04-25-06

Date

**(248) 358-1100
X4281**

Daytime Phone #