

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755102

**Entity Name:** THE MEADOWS OF MIRAMAR PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**9833747112CC**

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12270 SW 3RD STREET #200  
PLANTATION, FL 33325

**Current Mailing Address:**

C/O CASTLE GROUP  
12270 SW 3RD STREET #200  
PLANTATION, FL 33325 US

**FEI Number: 59-2066790**

**Certificate of Status Desired: No**

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

SCHLICTE, MATHEW  
2134 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

*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: MATHEW SCHLICTE**

**04/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TURNQUEST, PARTHENIA "PAT"  
Address        C/O CASTLE GROUP  
                  12270 SW 3RD STREET #200  
City-State-Zip: PLANTATION FL 33325

Title            VP  
Name            GUEVARA, RAQUEL  
Address        C/O CASTLE GROUP  
                  12270 SW 3RD STREET #200  
City-State-Zip: PLANTATION FL 33325

Title            TREASURER  
Name            AMARA, GIL  
Address        C/O CASTLE GROUP  
                  12270 SW 3RD STREET #200  
City-State-Zip: PLANTATION FL 33325

Title            SECRETARY  
Name            BRADLEY, LINDA  
Address        C/O CASTLE GROUP  
                  #200  
City-State-Zip: PLANTATION FL 33325

Title            DIRECTOR  
Name            VERNON, PATRICIA  
Address        C/O CASTLE GROUP  
                  12270 SW 3RD STREET #200  
City-State-Zip: PLANTATION FL 33325

*I hereby 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 all other like empowered.*

**SIGNATURE: PARTHENIA "PAT" TURNQUEST**

**PRESIDENT**

**04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date