


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90012 006 ****61.25

DOCUMENT # 735971					
1. Entity Name MERIDIAN CLUB OF WINTER PARK, INC.					
Principal Place of Business % WINDERWEEDLE HAINES WARD ET AL 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789		Mailing Address % WINDERWEEDLE HAINES WARD ET AL 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789		54017595	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E037 (11/03)	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCCAGHREN, C. BRENT 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789				4. FEI Number 59-1691696	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
Name				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMANUS, DON		NAME	Kenneth P. Brown	
STREET ADDRESS	12542 LAKE UNDERHILL RD		STREET ADDRESS	227 S. Orlando Ave., #B-2	
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, TIMOTHY		NAME	Jeff Prechter	
STREET ADDRESS	609 MAITLAND AVE		STREET ADDRESS	125 Spring Cove Trail	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRECHTER, JEFF		NAME	Roger Nofsinger	
STREET ADDRESS	125 SPRING COVE TRAIL		STREET ADDRESS	609 Maitland Avenue	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOWELL, JACK		NAME		
STREET ADDRESS	6010 TWIN LAKES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTBODY, PHILIP		NAME		
STREET ADDRESS	2839 WILLOW BAY TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBY, LOREN H		NAME		
STREET ADDRESS	1313-A FAIRBANKS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
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: 		KENNETH BROWN		3/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	