

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754460 (4)
1. Corporation Name
MEADOWRIDGE EAST ASSOCIATION, INC.

Principal Place of Business Mailing Address
1000 S W 15TH STREET DEERFIELD BCH FL 33442 **1903 S W 15TH STREET DEERFIELD BCH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/02/1980** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2067014** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**BONOMO, VITO A
1929 SW 15TH ST
STE 39
DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent

81 Name **GODSEY, CAROL**

82 Street Address (P.O. Box Number is Not Acceptable) **1913 S. W. 15th St. #14**

83

84 City **Deerfield Beach FL** 85 Zip Code **33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/17/95**

Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONOMO, VITO
STREET ADDRESS	1929 SW 15TH ST #39
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	DV
NAME	PIATT, DAN
STREET ADDRESS	1905 S.W. 15TH ST. #122
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	TD
NAME	MAYKA, STEVE
STREET ADDRESS	2011 S.W. 15TH STREET
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	S
NAME	BORNEMAN, SALLY
STREET ADDRESS	1901 SW 15TH ST #89
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	M
NAME	MODUGNO, JOSEPH
STREET ADDRESS	2035 S.W. 15TH ST. #182
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	S
NAME	ORONZO, WILLIAM
STREET ADDRESS	2003 S.W. 15TH STREET 135
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GODSEY, CAROL
1.3 STREET ADDRESS	1913 S. W. 15th St. #14
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUNN, DAVID
2.3 STREET ADDRESS	1945 S. W. 15th St. #62
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHRIVER, BRITT
3.3 STREET ADDRESS	1929 S. W. 15th St. #44
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Walker, Lucille
4.3 STREET ADDRESS	1977 S. W. 15th St. #119
4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registrar or the fee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

SIGNATURE: *[Signature]* Date: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR