

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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  
**1993 S W 15TH STREET  
DEERFIELD BHC FL 33442**

Mailing Address  
**1993 S W 15TH STREET  
DEERFIELD BHC FL 33442**

3. Date Incorporated or Qualified  
**10/02/1980**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**59-2067014**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

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

City & State  
**23**

City & State  
**28**

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

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GODSEY, CAROL  
1913 S W 15TH ST 14  
STE 39  
DEERFIELD BEACH FL 33442**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GODSEY, CAROL	
STREET ADDRESS	1913 S W 15TH ST 14	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DUNN, D AVID	
STREET ADDRESS	1945 S W 15TH ST 62	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHRIVER, BRITT	
STREET ADDRESS	1929 S W 15TH ST 44	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALKER, LUCILLE	
STREET ADDRESS	1977 S W 15TH ST 119	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MODUGNO, JOSEPH	
STREET ADDRESS	2035 S.W. 15TH ST. #182	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILIP BUTTLING	
1.3 STREET ADDRESS	2035 S.W. 15TH ST. #187	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY D'AMATO	
2.3 STREET ADDRESS	2019 S.W. 15TH ST. #165	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 119.07(3)(k), 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 receiver or trustee 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 on an attachment with an address.

SIGNATURE: Carol Godsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/14/96**  
Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)