

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754460

1. Corporation Name MEADOWRIDGE EAST ASSOCIATION, INC.

Principal Place of Business 1993 S W 15TH STREET DEERFIELD BHC FL 33484 US  
Mailing Address 1993 S W 15TH STREET DEERFIELD BHC FL 33442

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1993 S. W. 15th St.	26	same	10/02/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Deerfield Beach, FL	27		59-2067014	
City & State		28		5. Certificate of Status Desired	
23	33442	28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIMMANO, RALPH 1969 S W 15TH ST 103 DEERFIELD BEACH FL 33442				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIMMANO, RALPH			1.2 NAME	LUCILLE G. WALKER		
STREET ADDRESS	1969 S W 15TH ST 103			1.3 STREET ADDRESS	1977 S. W. 15th St. #119		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVRIES, ESTHER			2.2 NAME	300002744538--5		
STREET ADDRESS	1977 S W 15TH ST 105			2.3 STREET ADDRESS	-01/15/99--01107--009		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			2.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAIAZZA, JAMES			3.2 NAME			
STREET ADDRESS	1977 S W 15TH ST 99			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODSEY, CAROL			4.2 NAME			
STREET ADDRESS	1913 S W 15TH ST 14			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			4.4 CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MODUGNO, JOSEPH			5.2 NAME			
STREET ADDRESS	2035 S.W. 15TH ST. #182			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'AMATO, RAY			6.2 NAME			
STREET ADDRESS	2019 SW 15TH STREET #165			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Ralph Fimmano* Jan 8, 1999 954-427-8933

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