FILED

Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90169 034 ****61.25

954-427-8933

Daytime Phone #

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **754460**

1. Entity Name

SIGNATURE:

	MEADOWRIDGE	EAST	ASSOCIATION.	INC.
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		•	l	COO WE TO						
Principal Place of Business Mailing Address 1993 S W 15TH STREET 1993 S W 15TH STREET DEERFIELD BEACH FL 33442 US US		12		1111	114 1 4661 5 41(1 6 461) 6	IDID BILLI BALI BABII	BIOIN OLDII DIOIN GID	11. B) B) 1. 1841.		
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						HECK HERE IF MAKING CHANGES				
City & State City & State		City & State			4. FEI Nui	4. FEI Number 59-2067014			pplied For	
Zip	Country	Country Zip Co		ntry	5. Certific	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent						
	o. Italio alla Addicco di Galloni	Togictores rigorit		Name						
FIMMANO, RALPH 1969 S W 15TH ST			\ \ 	Street Address (P.O. Box Number is Not Acceptable)						
103 DEERFIELD BEACH FL 33442			Ì	City			F	Zip Cod	ē	
5. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
3	organization sypeo of printed harve of registered agent of	THE REPRODUCTION OF THE PROPERTY OF THE PROPER	110giote100	rigent signature		, 				
FILE NOW: FEE S \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.					Ádded to Fe	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIR		11.		.*	CHANGES TO C	OFFICERS AND			
TITLE	DP DY	Delete	TITLE	1 5	RESIDENT	Γ		☐ Change	Addition	
NAME	FIMMANO, RALPH		NAME	-i.(CHARLES W	47714		-દ ે દ.	}	
STREET ADDRESS	1969 S W 15TH ST 103			I ANDRESS I *				-	j	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-	ST-ZIP T	EERFIELD:	<u>BEACH." FI</u>	33442	, 		
TITLE	(DV	Delete	TITLE	ΓÌ	Treasurer			🗶 Change	☐ Addition ∫	
NAME	DEVRIES, ESTHER	·	NAME	Į P	Sther DeV	ries			j	
STREET ADDRESS	1977 S W 15TH ST 105		ŞTREE	T ADDRESS 1	1977 S. W.	15th St.	#105		Į.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-		eerfield 1		_33442			
TITLE "	T	Delete .	` TITLE`		ice Presid			hange	Addition	
NAME	CLEMENTE, NICHOLAS		NAME	Į.V.	Milliam Oro	onzo				
STREET ADDRESS	2019 S.W. 15TH ST. #157		STREE	TADDRESS 🛱 2	2003 S.W. 1	L5th St.	#133		ĺ	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-S		eerfield I					
TITLE	VP	Delete	TITLE		irector			Change	j Addition	
NAME	PAGANO, JEROME J	74	NAME	IJ	erome J. I	Pagano			, 1	
STREET ADDRESS	1985 SW 15TH ST		STREE	TADDRESS 1	lerome J. I 985 S.W. 1	l5th St.	#122		}	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-S		eerfield H				ſ	
TITLE	S	Delete	TITLE		irector	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	WALKER, LUCILLE G	ي كانان	NAME		lary Pallac	lini		توسید سی	7	
STREET ADDRESS	1977 S.W. 15TH ST #119			T ADDRESS 1	913 S.W. 1	5th St	#21		}	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-S		eerfield E				}	
TITLE	D	X Delete	TITLE		irector	CHCII 1/L	<u> </u>	☐ Change	Addition	
NAME	D'AMATO, RAY	Delete	NAME	,	ules Resig	ma			N. Conton	
	2019 SW 15TH STREET #165			T ADDRESS 1	uies kesig 077 e - 11	110 151 0	W3.00		}	
CITY-ST-ZIP	DEERFIELD BEACH FL			ST-ZIP	077 S. W.	roth St.	#109			
Uni 1 - U - ZII	DEENTIELL DEALT FL				<u>eerfield F</u>	each, FL	_33442			

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.

6 HICKLATHANCER QUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR