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

## DOCUMENT # N9400000962

1. Entity Name

ASSOCIATIO	N, INC.				
Principal Place of Business		Mailing Address			
C/O INTEGRITY 953 UNIVERSITY CORAL SPRINGS US	DR ;	C/O INTEGRITY PROPERTY 953 UNIVERSITY DR CORAL SPRINGS FL 33071 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6:	Name and Address of Cu	rrent Registered Agent	1		
			Name		

**FILED** Jul 02, 2004 8:00 am Secretary of State 07-02-2004 90002 005 \*\*\*\*61.25

MEADOW LAKES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.				9/	-02-2004 90002 003	01.23	,	
Principal Place of Business		Mailing Address						
C/O INTEGRITY PROPERTY 953 UNIVERSITY DR CORAL SPRINGS FL 33071 US		C/O INTEGRITY PROPERTY 953 UNIVERSITY DR CORAL SPRINGS FL 33071 US			/		A <b>ri e</b> i i <b>ee</b> i	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		M	MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number 6	4. FEI Number 65-0491076		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St		8.75 Addi ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ac	jent		
	en e	-	Name	Name				
WHITTLE, ERIC C/O INTEGRITY PROP MGMT 953 UNIVERSITY DR CORAL SPRINGS FL 33071			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code			) }	
O Thombaus	named oatily a bmits this statement to	r the purpose of changing its	n sistered office as	intered agent as both in		miliae with	200 20021	
the obligation	named entity submits this statement fo ons of registered agent.	r the purpose of changing its .	registered office of	registered agent, or both, in	trie State of Florida. Tam fa	miliar Willia, a	and accept	
SIGNATURE -	SIgnature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signati	re required when reinstating)	DATE			
F	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr	Payable 1		
10.	OFFICERS AND DIF	RECTORS	11.		ES TO OFFICERS AND DIR	CTORS IN	10	
STREET ADDRESS	VPD GABRIELE, MICHAEL 10289 BROOKVILLE LANE BOCA RATON FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secremen		<b>∏</b> Change	Addition	
NAME STREET ADDRESS	TD WINOCOOR, LARRY 10343 COVENTRY COURT BOCA RATON FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, STEVEN 23416 SERENE MEADOW DR. S. BOCA RATON FL 33426	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SD THOROGOOD, MARLENE 10094 AQUA VISTA WAY BOCA RATON FL 33426	<b>€</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMECTOR HARMO RESO 10344 BRO BOCA RATOR		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, DARLENE 10331 COVENTRY COURT BOCA RATON FL 33426	<b>&gt;</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THUSURER MALLEN SMV	KIRIMUTTU HERITOW NORTH	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Section 119.07(3)(i), Fl	lorida Statutes. I further certi	ly that the in	1formation	

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.

SIG	RE/	TI	ID	
JIU			JIL	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR