

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761072

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEADOWLAKES ASSOCIATION, INC.

Current Principal Place of Business:

MEADOWLAKES ASSOCIATION, INC
1260 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

MEADOW LAKES ASSOCIATION, INC
1260 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 59-2246137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LILLO, CATHERINE A
Address: 1260 SOUTH MILITARY TRAIL
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VT () Delete
Name: CUNNINGHAM, KAREN
Address: 1260 S MILITARY TRAIL
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ST () Delete
Name: HOMER, CHARLES
Address: 1260 S MILITARY TRAIL
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUVIN-ACKER, FRANCK
Address: 1260 S MILITARY TRAIL
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE LILLO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date