#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728481** 

Entity Name: THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 24, 2019 Secretary of State 9802497591CC

## **Current Principal Place of Business:**

C/O CASTLE GROUP 377 SW 56 AVENUE MARGATE, FL 33068

# **Current Mailing Address:**

C/O CASTLE GROUP 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024 US

FEI Number: 59-1532044 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 1 EAST BROWARD BLVD., SUITE 1800 FT. LAUDERDALE, FL 33301 US

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:

Address

Address

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

	Title	PRESIDENT	Title	VP
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CHARBONNEAU, PIERE Name Name **BLOUIN, CHRISTIAN** 

C/O CASTLE GROUP Address C/O CASTLE GROUP 377 SW 56TH AVE 377 SW 56TH AVE SUITE 480

MARGATE FL 33068 MARGATE FL 33068 City-State-Zip:

City-State-Zip:

Title TREASURER, SECRETARY DIRECTOR Title

CHAYER, CLAUDE NADEAU, GILLES Name Name

C/O CASTLE GROUP C/O CASTLE GROUP Address Address

377 SW 56TH AVE 377 SW 56TH AVE

MARGATE FL 33068 MARGATE FL 33068 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

DALTON, PETER Name Name SIVILLA, FRANK

> C/O CASTLE GROUP C/O CASTLE GROUP Address

377 SW 56TH AVE 377 SW 56 AVENUE

City-State-Zip: MARGATE FL 33068 City-State-Zip: MARGATE FL 33068

Title **DIRECTOR** Title **DIRECTOR** 

Name STRUMPFLER, ROBERT Name TUCKER, KAREN

C/O CASTLE GROUP C/O CASTLE GROUP Address Address

> 377 SW 56TH AVE 377 SW 56TH AVE

MARGATE FL 33068 City-State-Zip: MARGATE FL 33068 City-State-Zip:

### Continues on page 2

I hereby 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 all other like empowered.

04/24/2019 SIGNATURE: CHARBONNEAU, PIERE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name COUTURE, JAQCUES
Address C/O CASTLE GROUP

377

City-State-Zip: MARGATE FL 33068