

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735971

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC5286860751**

**Entity Name:** MERIDIAN CLUB OF WINTER PARK, INC.

**Current Principal Place of Business:**

2719 SUMMERFIELD RD  
WINTER PARK, FL 32789

**Current Mailing Address:**

P. O. BOX 3244  
WINTER PARK, FL 32790

**FEI Number:** 59-1691696

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RANSON, ARTHUR J  
2719 SUMMERFIELD RD  
WINTER PARK, FL 32789 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BROWN, KENNETH P  
Address        541 S. ORLANDO AVE  
                  SUITE 312  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           HEWITT, BROOKS  
Address        P O BOX 1300  
City-State-Zip: WINTER PARK FL 32790

Title           DIRECTOR  
Name           CALIFF, JIM  
Address        95 SPRINGWOOD TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           HACKLEY, ROB  
Address        P O BOX 386  
City-State-Zip: WINTER PARK FL 32790

Title           DIRECTOR  
Name           LIGHTBODY, PHIL  
Address        1440 CARING CT  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           BISHOP, JOHN  
Address        600 LIVE OAK ST  
City-State-Zip: MAITLAND FL 32751

Title           PRIME  
Name           ROBY, LOREN  
Address        1380 GENE STREET  
City-State-Zip: WINTER PARK FL 32789

Title           DIRECTOR  
Name           RICHARDSON, JIM  
Address        1415 WINDSOR AVE  
City-State-Zip: LONGWOOD FL 32750

*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.*

**SIGNATURE: KENNETH BROWN**

**TREASURER**

**01/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date