# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002151

Entity Name: RESERVE AT MEADOW LAKE HOMEOWNERS ASSOCIATION,

INC.

FILED
Apr 28, 2019
Secretary of State
6899818474CC

# **Current Principal Place of Business:**

225 S. WESTMONTE DR SUITE 3310 ALTAMONTE SPRINGS, FL 32714

# **Current Mailing Address:**

P.O. BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 26-4015761 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S. WESTMONTE DR SUITE 3310 ALTAMONTE SPRINGS, FL 32714 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: TINA YAMADA 04/28/2019

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title PRESIDENT Title VP

Name BEARDMAN, MATTHEW Name CALLANAN, SUSANNE

Address P.O. BOX 162147 Address P.O. BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY Title TREASURER

NameARNETT, PAULNamePETERSON, DAVIDAddressP.O. BOX 162147AddressP.O. BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR Title DIRECTOR

Name REVELL, KEVIN Name FRANK, JEANEAN
Address P.O. BOX 162147 Address P.O. BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: MATTHEW BEARDMAN

**PRESIDENT** 

04/28/2019