

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008789

Entity Name: MEADOWLEA ESTATES RESIDENTS ASSN. INC.**Current Principal Place of Business:**1029 LARKFIELD DR.
DELAND, FL 32724**Current Mailing Address:**1029 LARKFIELD DR.
DELAND, FL 32724 US**FEI Number:** 74-3201083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HINSON, MARYANN
1029 LARKFIELD DR.
DELAND, FL 32724 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:** MARYANN HINSON

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONOVER, MARY LOU
Address 1005 MAHOGANY BEND DR.
City-State-Zip: DELAND FL 32724

Title VP
Name AHLERS, HERB
Address 1021 ROBIN DR.
City-State-Zip: DELAND FL 32724

Title SECRETARY
Name GERRARD, JAN
Address 3192 WATERS BEND LN
City-State-Zip: DELAND FL 32724

Title TREASURER
Name HICHBORN, JOHN
Address 955 ROBIN DRIVE
City-State-Zip: DELAND FL 32724

Title DIRECTOR
Name HINSON, MARYANN
Address 1029 LARKFIELD DR.
City-State-Zip: DELAND FL 32724

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: MARYANN HINSON**DIRECTOR**

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date