

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008789

**Entity Name:** MEADOWLEA ESTATES RESIDENTS ASSN. INC.**Current Principal Place of Business:**1021 ROBIN DRIVE  
DELAND, FL 32724**Current Mailing Address:**1021 ROBIN DRIVE  
DELAND, FL 32724**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHLERS, HERBERT E  
1021 ROBIN DRIVE  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	AUSTIN, ROBERT
Address	1028 MAHOGANY BEND DRIVE
City-State-Zip:	DELAND FL 32724

Title	VP
Name	LYONS, MARSHA
Address	3234 COUNTRY LANE
City-State-Zip:	DELAND FL 32724

Title	S
Name	GRAY, JANET
Address	3185 WATERS BEND LANE
City-State-Zip:	DELAND FL 32724

Title	D
Name	AHLERS, HERBERT E
Address	1021 ROBIN DRIVE
City-State-Zip:	DELAND FL 32724

Title	D
Name	NIX, KEN
Address	1013 MARCY DRIVE
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:** HERBERT AHLERS**TREASURER****02/04/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date