## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28503

Entity Name: THE MEADOWS EAST ASSOCIATION, INC.

Feb 08, 2016 **Secretary of State** CC3068181615

**FILED** 

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

853 DOW LANE

TITUSVILLE, FL 32780

**Current Mailing Address:** 

POB 10042

TITUSVILLE. FL 32783

FEI Number: 59-2909966 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFEY, LINDA B 853 DOW LANE

TITUSVILLE, FL 32780 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: LINDA B COFFEY 02/08/2016

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** 

COFFEY, LINDA Name CASHELL, MAUREEN Name

POB 10042 Address POB 10042 Address

City-State-Zip: TITUSVILLE FL 32783 TITUSVILLE FL 32783 City-State-Zip:

Title **OFFICER** Title DIRECTOR

Name RIDDLE, DARLENE OSMUNDSEN, ROY Name

Address POB 10042 Address POB 10042

TITUSVILLE FL 32783 City-State-Zip: City-State-Zip: TITUSVILLE FL 32783

DIRECTOR Title Title VΡ

Name GARRETT, RINA Name ROBERTSON, MARILYN

Address POB 10042 Address POB 10042 TITUSVILLE FL 32783

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: TITUSVILLE FL 32783

Title DIRECTOR

LAFORGE, DANIEL Name

Address POB 10042

City-State-Zip: TITUSVILLE FL 32783

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.

City-State-Zip:

02/08/2016 SIGNATURE: LINDA COFFEY TREASURER