

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722380

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** MEADOWLEA IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2 LEISURE WORLD DR SOUTH  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

2 LEISURE WORLD DR SOUTH  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 59-1424875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, PATRICIA A  
146 CYPRESS DRIVE  
DEBARY, FL 32713 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NIEMIEC, RICHARD  
Address: 173 PINE TREE  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: GRAHAM, BARBARA A  
Address: 169 DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: T  
Name: ROBERTS, PATRICIA A  
Address: 146 CYPRESS DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: S  
Name: FRANCK, BERNADETTE M  
Address: 121 PINE TREE  
City-St-Zip: DEBARY, FL 32713

Title: PD  
Name: PEARSON, CAROLE J  
Address: 129 OAK TREE  
City-St-Zip: DEBARY, FL 32713

Title: MD  
Name: WINTER, CLIFFORD L  
Address: 101 FERN DRIVE  
City-St-Zip: DEBARY, FL 32713

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: PATRICIA A. ROBERTS

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02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date