2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 18, 2004 8:00 am **DOCUMENT # 728481 Secretary of State** 1. Entity Name 02-18-2004 90015 046 ****61.25 THE MEADOWS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 377 SW 56TH AVENUE MARGATE FL 33068 377 SW 56TH AVENUE 24111122 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1532044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLIFKAFF, GARY A EMMERALD LAKE COPORATE PARK Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING RD FT. LAUDERDALE FL 33312 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete TITLE ☐ Change Addition ALFRED HUNTER HARTMAN, RICHARD J. NAME NAME 5641 SW 2 CT 5620 SW 3rd PLACE #101 STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL 33068 VPD Delete TITLE TITLE Addition ☐ Change ANDUJAR, JOSE NAME NAME BERNICE RANFT 5661 SW 2nd COURT #116 375 SW 56TH AVE 109 STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL 33068 Delete TITLE i Addition Change LAVOIE; RAYMOND ~ ALFRED HUNTER# 101 MARKE NAME **5680 SW 3 PLACE** STREET ADDRESS STREET ADDRESS 5620 SW 3rdPLACE CITY-ST-7IP MARGATE FL CITY-ST-ZIP MARGATE, FL ☐ Defete DITE TITLE ☐ Change Addition CORRENTI, CAROL NAME WILLIAM SCHEFFLER NAME 5640 S.W. 3RD PLACE 201 STREET ADDRESS STREET ADDRESS 5621 SW 2nd COURT#109 MARGATE FL CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL ☐ Delete TITLE TITLE ☐ Change Addition BOUNDREAU, GASTON GEORGE NADIF 375 SW 56th AVENUE #104 NAME NAME 5681 SW 2 CT STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL 33068 Delete TITLE [... Change ☐ Addition LEDUC, ROMEO NAME NAME GASTON DUFRESNE STREET ADDRESS 560 SW 3rd PLACE #203 5640 SW 3 PLACE STE 116 STREET ADDRESS MARGATE FL 33088 CITY-ST-ZIP CITY-ST-ZIP MARGATE, FL 33068

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

all other like empowered

changed, or on an attachme

SIGNATURE

FILED

Daytime Phone #