



FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 737658 (5)</b> 1. Corporation Name <b>MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2817 SPRINGLAKE CT. SARASOTA FL 34235 US</b>		Mailing Address <b>2817 SPRINGLAKE CT. SARASOTA FL 34235-1839 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>DENIS, CHRISTINE 2817 SPRINGLAKE CT. SARASOTA FL 34235</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE 1.2 NAME <b>MENOLASINO, MICHAEL</b> 1.3 STREET ADDRESS <b>2657 GREENBELT YARD</b> 1.4 CITY-ST-ZIP <b>SARASOTA FL 34235</b> 2.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE 2.2 NAME <b>SOCKWELL, ROGER</b> 2.3 STREET ADDRESS <b>2887 SPRINGLAKE CT.</b> 2.4 CITY-ST-ZIP <b>SARASOTA FL</b> 3.1 TITLE <b>TD</b> <input checked="" type="checkbox"/> DELETE 3.2 NAME <b>KRAWIEC, ELIZABETH</b> 3.3 STREET ADDRESS <b>2761 HORSESHOE CT.</b> 3.4 CITY-ST-ZIP <b>SARASOTA FL 34235</b> 4.1 TITLE <b>VPD</b> <input checked="" type="checkbox"/> DELETE 4.2 NAME <b>GUADALUPE, ROWENA</b> 4.3 STREET ADDRESS <b>2743 HORSESHOE CT.</b> 4.4 CITY-ST-ZIP <b>SARASOTA FL</b> 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>COMEAU, DAVID</b> 1.3 STREET ADDRESS <b>2587 Glebe Farm Close</b> 1.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b> 2.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Lucisano, Pat</b> 2.3 STREET ADDRESS <b>2221 Meadowlake Ct.</b> 2.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b> 3.1 TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Schein, Lillian</b> 3.3 STREET ADDRESS <b>2731 Horseshoe Ct.</b> 3.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b> 4.1 TITLE <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Hall, Nancy</b> 4.3 STREET ADDRESS <b>2613 Greenbelt Yard</b> 4.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b> 5.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Swindell, Dolores</b> 5.3 STREET ADDRESS <b>2391 Lakeside Mews</b> 5.4 CITY-ST-ZIP <b>Sarasota, FL 34235</b> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>4/29/97</b> Date <b>941-318-4046</b> Daytime Phone # <b>0063200</b>			

CR2E037 (9/96)