

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737658** (5)
1. Corporation Name
MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2817 SPRINGLAKE CT. -- SARASOTA FL 34235 US		Mailing Address 2817 SPRINGLAKE CT. SARASOTA FL 34235 US		3. Date Incorporated or Qualified 12/27/1976	
2. Principal Place of Business 21 5037 Ringwood Meadow Suite, Apt. #, etc.		2a. Mailing Address 26 5037 Ringwood Meadow Suite, Apt. #, etc.		4. FEI Number 59-1749409 Applied For Not Applicable	
City & State 22 Sarasota, FL		City & State 27 Sarasota, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34235		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 28 34235		Country 29 USA		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State 30 Sarasota, FL		City & State 31 Sarasota, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DENIS, CHRISTINE 2817 SPRINGLAKE CT. SARASOTA FL 34235		10. Name and Address of New Registered Agent 81 Name David Comeau 82 Street Address (P.O. Box Number is Not Acceptable) 2587 GLEBE FARM CLOSE 83 84 City Sarasota FL 85 Zip Code 34235	
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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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **David Comeau-Pres.** 2/28/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COMEAU, DAVID		1.2 NAME	
STREET ADDRESS 2587 GLEBE FARM CLOSE		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE 66	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCIANO, PAT		2.2 NAME	Director
STREET ADDRESS 2221 MEADOWLAKE CT		2.3 STREET ADDRESS	Arlene Pearlman
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP	2755 Horseshoe Ct. Sarasota, FL
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEIN, LILLIAN		3.2 NAME	
STREET ADDRESS 2731 HORSESHOE CT		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, NANCY		4.2 NAME	
STREET ADDRESS 2613 GREENBELT YARD		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE 6	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWINDELL, DOLORES		5.2 NAME	Director
STREET ADDRESS 2391 LAKESIDE MEWS		5.3 STREET ADDRESS	Roseanne Gardner
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	2467 Crispin Ct. Sarasota, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* **David Comeau-Pres.** 2/28/98 (941) 355-4302

CR2E037 (10/97)