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Secretary of State
03-24-1999 90078 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737658**

1. Corporation Name
MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5037 RINGWOOD MEADOW SARASOTA FL 34235 US	5037 RINGWOOD MEADOW SARASOTA FL 34235 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 12/27/1976
4. FEI Number: 59-1749409 — ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~COMEAU, DAVID~~
~~2587 GLEBE FARM CLOSE~~
~~SARASOTA FL 34235~~

10. Name and Address of New Registered Agent

81 Name: ~~Rebecca A. Stabile~~ ~~Diane Royce Enterprises, Inc.~~
82 Street Address (P.O. Box Number is Not Acceptable): 4840 Sunday Court
83
84 City: Sarasota — FL — 85 Zip Code: 34235

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: ~~Rebecca A. Stabile~~ Rebecca A. Stabile Vice Pres. 3/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	VP, D	☒ Change ☐ Addition
NAME	~~COMEAU, DAVID~~		1.2 NAME	Donna Schimmel	
STREET ADDRESS	~~2587 GLEBE FARM CLOSE~~		1.3 STREET ADDRESS	2845 Spring Lake Ct.	
CITY-ST-ZIP	~~SARASOTA FL~~		1.4 CITY-ST-ZIP	Sarasota, Fl. 34235	
TITLE	~~SD~~	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	PEARLMAN, ARLENE		2.2 NAME		
STREET ADDRESS	2755 HORSESHOE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~SCHEIN, LILLIAN~~		3.2 NAME	Margaret Abbott	
STREET ADDRESS	~~2731 HORSESHOE CT~~		3.3 STREET ADDRESS	2633 Greenbelt Yard	
CITY-ST-ZIP	~~SARASOTA FL~~		3.4 CITY-ST-ZIP	Sarasota, Fl. 34235	
TITLE	~~VPD~~	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HALL, NANCY~~		4.2 NAME	Tom Skarbo	
STREET ADDRESS	~~2813 GREENBELT YARD~~		4.3 STREET ADDRESS	2201 Meadowlake	
CITY-ST-ZIP	~~SARASOTA FL~~		4.4 CITY-ST-ZIP	Sarasota, Fl. 34235	
TITLE	D	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	GARDNER, ROSEANNE		5.2 NAME		
STREET ADDRESS	2467 CRISPIN CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3-12-99 — 941-355-4302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #