

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

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 017 ****61.25

DOCUMENT # 737658

1. Entity Name

MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231
US

Mailing Address

2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1749409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, HARRY	
STREET ADDRESS	2749 HORSESHOE CT.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARLMAN, ARLENE	
STREET ADDRESS	2755 HORSESHOE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEPARD, KEN	
STREET ADDRESS	2621 GREENBEG YARD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	L'HEUREUX, BRIGETTE	
STREET ADDRESS	2413 CRISPIN CT	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUTT, SAM	
STREET ADDRESS	2351 LAKESIDE MEWS	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE BROUDER	
STREET ADDRESS	2577 GLEBE FARM CLOSE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04 941 927-6464

Date

Daytime Phone #