
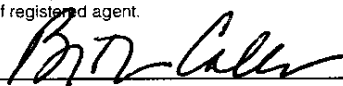



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90261 005 ****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 595 Bay Isles Rd Suite, Apt. #, etc. #201 City & State Longboat Key, FL Zip 34228		3. Mailing Address 595 Bay Isles Rd Suite, Apt. #, etc. #201 City & State Longboat Key, FL Zip 34228	
4. FEI Number 59-1749409		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT ROAD 118A SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Beth Callans Management Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd #201 City Longboat Key	
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)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COOK, HARRY STREET ADDRESS 2749 HORSESHOE CT. CITY-ST-ZIP SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	TITLE T NAME James Fitzpatrick STREET ADDRESS 335 Lakeside News CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PEARLMAN, ARLENE STREET ADDRESS 2755 HORSESHOE CT CITY-ST-ZIP SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Arlene Pearlman STREET ADDRESS 2755 Horse Shoe Ct CITY-ST-ZIP Sarasota, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SHEPARD, KEN STREET ADDRESS 2621 GREENBEG YARD CITY-ST-ZIP SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Sam Tuttle STREET ADDRESS 2351 Lakeside News CITY-ST-ZIP Sarasota, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BROUDER, KATHERINE STREET ADDRESS 2577 GLEBE FARM CLOSE CITY-ST-ZIP SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	TITLE D NAME Katherine, Brouder STREET ADDRESS 2755 Glebe Farm Close CITY-ST-ZIP Sarasota, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME TUTT, SAM STREET ADDRESS 2351 LAKESIDE MEWS CITY-ST-ZIP SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	TITLE S NAME Levilla Watson STREET ADDRESS 2645 Greenbelt Yrd CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME HARRY COOK STREET ADDRESS 2749 Horsehoe Ct CITY-ST-ZIP Sarasota, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  JAMES D FITZPATRICK 4/13/2005 941 377 4421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			