

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 011 ****61.25

DOCUMENT # 737658 1. Entity Name MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228 US			Mailing Address 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business 595 Bay Isles Road Suite, Apt. #, etc. Ste 200 City & State Longboat Key, FL Zip 34228 Country USA			3. Mailing Address 595 Bay Isles Road Suite, Apt. #, etc. Ste 200 City & State Longboat Key, FL Zip 34228 Country USA		
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 BETH COLLANS MANAGEMENT 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Beth Callans Management Corp. 595 Bay Isles Road Suite #200 Longboat Key, FL 34228 L Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T FITZPATRICK, JAMES 7335 LAKESIDE NEWS SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEARLMAN, ARLENE 2755 HORSESHOE CT SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUTT, SAM 2351 LAKESIDE NEWS SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUDER, KATHERINE 2577 GLEBE FARM CLOSE SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD REDFORD 2671 GREENBELT YARD SARASOTA, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, LEVILLA 2645 GREENBELT YARD SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, HARRY 2749 HORSESHOE CT SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/06 941-377-1003 <small>Date Daytime Phone #</small>		