
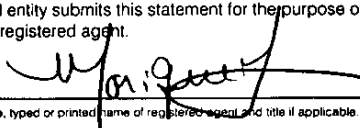
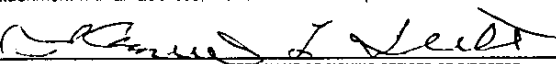


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90010 020 ****61.25

DOCUMENT # 737658 1. Entity Name MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228 US		Mailing Address 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business - No P.O. Box # 5216 PAYLOR LANE Suite, Apt. #, etc.		3. Mailing Address 5216 PAYLOR LANE Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34240 Country U.S.		City & State SARASOTA, FL Zip 34240 Country U.S.	
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 CALLANS MANAGEMENT CORP 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name ALLURE PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 5216 PAYLOR LANE City SARASOTA FL Zip Code 34240	
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:  PRESIDENT ALLURE PROP MGMT 2/21/07 <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, 2007		9. Election Campaign Financing <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 VP FITZPATRICK, JAMES 7335 LAKESIDE NEWS SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D PEARLMAN, ARLENE 2755 HORSESHOE CT SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T PEARLMAN, ARLENE 2755 HORSESHOE CT SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T REDFORD, LEONARD 2671 GREENBELT YARD SARASOTA, FL 34235	<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 S SHEPARD, KEN 2621 GREENBELT YARD SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REDFORD, LEONARD 2671 GREENBELT YARD SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S SHEPARD, KEN 2621 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S SHEPARD, KEN 2621 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 S SHEPARD, KEN 2621 GREENBELT YARD SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" 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: 		Date 2-20-07 Daytime Phone # (941) 373.6713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	