

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 037 ****61.25

DOCUMENT # 738865

1. Entity Name
MEAD GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1250 S DENNING DR
WINTER PARK, FL 32789

Mailing Address
1250 S DENNING DR
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1756682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, SHARON
3288 HILLMONT CIR
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2007

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	S	<input type="checkbox"/> Delete
NAME	RADCLIFFE, KIM	
STREET ADDRESS	1250 S DENNING DR #228	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GALLI, RON	
STREET ADDRESS	1250 S DENNING DR 204	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SACKETT, LESLIE	
STREET ADDRESS	1250 S DENNING DR #217	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOORHEES, JULIE	
STREET ADDRESS	1250 S DENNING DR #230	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLETINO, RICHARD	
STREET ADDRESS	1250 S DENNING #216	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, BRYAN	
STREET ADDRESS	1250 SOUTH DENNING DR #229	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADCLIFFE, Kim	
STREET ADDRESS	1250 S Denning DR #228	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Justin Matthew	
STREET ADDRESS	1250 S Denning Dr #233	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thornton, Kate	
STREET ADDRESS	1250 S Denning Dr #202	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapin Jennifer	
STREET ADDRESS	1250 S Denning Dr #229	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CASEY, BRYAN	
STREET ADDRESS	1250 S DENNING DR #229	
CITY-ST-ZIP	WINTER PARK, FL 32789	

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: *Leslie C. Sackett* **LESLIE C. SACKETT** 3/27/07 407-647-3740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #