FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90025 036 ****61.25

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DOCUMENT # 750926

1. Corporation Name
MEADOWRIDGE LAKE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2387 SW 15TH ST. DEERFIELD BEACH FL 33442	2387 SW 15TH ST. DEERFIELD BEACH FL 33442

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/04/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2162428 (Correct) ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAYKA, STEPHEN
~~2387 SW 15TH ST~~ 2011 SW 15th St Apt 145
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOUTS, JAMES 1266 SW MILITARY TRAIL #517 DEERFIELD BEACH FL	☒ DELETE	1.1 TITLE SD 1.2 NAME MARTIN ZINN 1.3 STREET ADDRESS Same 1.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMUS, SYLVIA 2387 SW 15TH ST DEERFIELD BEACH, FL00000	☒ DELETE	2.1 TITLE TD 2.2 NAME JOSEPH F. EVERS 2.3 STREET ADDRESS Same As Before 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDD MAYKA, STEPHEN 1993 SW 15TH ST DEERFIELD BCH FL	☐ DELETE	3.1 TITLE PDD 3.2 NAME MAYKA, STEPHEN 3.3 STREET ADDRESS 2011 SW 15th St Apt 145 3.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PARKER, KEVIN 1208 S MILITARY TRAIL DEERFIELD BCH FL 33442	☒ DELETE	4.1 TITLE VPD 4.2 NAME michael Woolbridge 4.3 STREET ADDRESS Same 4.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Mayka STEPHEN Mayka MAY 4, 99 9544284037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #