2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750926 1. Entity Name

MEADOWRIDGE LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2387 SW 15TH ST.

2387 SW 15TH ST.

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90234 011 ****61.25

| DECENTICED BEA | 10FI FL 3344 | 2 | DEENFIELD BEACH FL 334 | +2 | | | | | | | |
|--|--------------------------|------------------------------|--|-------------------------------|---------------------|---|---------------------------|-----------------------|--------------------------------------|--------------|--|
| 2. Principal Pla | ace of Busin | ess | 3. Mailing Address | | | - | | | | | |
| | | | | | | | IDER DAIM DERRE MUIB AIDE | | il bib fi bi b if bibl | 1 81911 1111 | |
| Suite, Apt. # | , etc. | | Suite, Apt. #, etc. | | | | DO NOT WRIT | E IN THIS S | PACE | | |
| City & State | | | City & State | | | 4. FEI Number 59-2162428 Applied For Not Applicable | | | | | |
| Zip | Country | | Zip | Country | | 5. Certificate | of Status Desired | | \$8.75 Addit | tional | |
| | 6. Name | and Address of Current R | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | | Name | | | | | |
| MAYKA, STEPHEN 2011 SW 15TH ST APT 145 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| DEERFIELD BCH. FL 33442 | | | | | | | | FL | Zip Code | | |
| 8. The above | named entity | y submits this statement for | the purpose of changing its | registered office of | r registe | red agent, or bot | h, in the state of Flo | rida. | | | |
| | | | | | | | | | | | |
| OLONIATURE | | | | | | | | | | | |
| SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | | | | | | | | <u></u> | | |
| | EN E | NOW. | Financing | фE (| no | Mak | o Chook I | Payable to | | | |
| FILE NOW: FEE IS \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. | | φο.ι Adde | DO May Be d to Fees | | e Check i partment | | ŀ | |
| | | 401.20 | | | | | | paranoni | O. Otato | | |
| 10. | | OFFICERS AND DIR | ECTORS | 11. | | ADDITIONS/CHA | ANGES TO OFFICE | RS AND DIE | RECTORS IN | 10 | |
| TITLE | SD | | ☐ Delete | TITLE | | | • • • | | ☐ Change | Addition | |
| NAME | ZINN, MA | | | NAME | | | | | | | |
| STREET ADDRESS | | MILITARY TRAIL #517 | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | LD BEACH FL | | CITY-ST-ZIP | 1 | | | | | | |
| TITLE | TD | | Delete | TITLE | TD | | | | Change | Addition | |
| NAME STREET ADDRESS | EVERS, JOSEPH F Deceased | | | | SM | ITH, PA | UL R. | | | | |
| CITY-ST-ZIP | 2007 011 10117 01 | | | STREET ADDRESS CITY-ST-ZIP | 23 | 363 S.W. | 15th St | reet | | | |
| | PDD | LD BEAUTIFL 33442 | | | De | erfield | Beach, | Fl 334 | 142 | | |
| TITLE NAME | | STEPHEN | ☐ Delete | TITLE NAME | | | | | Change | Addition | |
| STREET ADDRESS | | 15TH ST, APT #145 | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | LD BCH FL 33442 | | CITY-ST-ZIP | | | | | | | |
| TITLE | VPD | ED DOIT I'L GOTTE | ☐ Delete | TITLE. | + | | | | Change | Addition | |
| NAME | | IDGE, MICHEAL | C Detect | NAME | 1 | | | | ☐ Onange | | |
| STREET ADDRESS | | MILITARY TRAIL | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | LD BCH FL 33442 | | CITY-ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | _[| | | | | | |
| TITLE | | | ☐ Delete | TITLE | 1 | | | | ☐ Change | Addition | |
| NAME | | | | NAME | | | | | _ • | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | | 1 | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | | | |
| 12 Lhoroby | certify that th | a information cumplied with | this filing does not qualify for | the evention of | atad in C | Section 110 07(0) | /:\ | 1.6 | ARE LABOUR BLUE TO | | |

inereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23 2001