

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90006 003 ****61.25

DOCUMENT # 750926

1. Entity Name

MEADOWRIDGE LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2381 SW 15TH ST.
 DEERFIELD BEACH FL 33442**

**2387 SW 15TH ST.
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2162428

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYKA, STEPHEN
 2011 SW 15TH ST
 APT 145
 DEERFIELD BCH. FL 33442**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **ZINN, MARTIN**
 STREET ADDRESS **1266 SW MILITARY TRAIL #517**
 CITY-ST-ZIP **DEERFIELD BEACH FL** ☒

TITLE **SD** ☒ Change ☐ Addition
 NAME **CASARANO, ANTHONY**
 STREET ADDRESS **1266 SW MILITARY TRAIL #576**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **TD** ☐ Delete
 NAME **SMITH, PAUL R**
 STREET ADDRESS **2363 SW 15TH STREET**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PDD** ☐ Delete
 NAME **MAYKA, STEPHEN**
 STREET ADDRESS **2011 SW 15TH ST, APT #145**
 CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **WOOLDRIDGE, MICHAEL**
 STREET ADDRESS **1208 S MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Stephen Mayka

Stephen Mayka

4-22-02-954-428-4037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)