2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # 750926** 1. Entity Name 02-25-2004 90032 019 ****61.25 MEADOWRIDGE LAKE ASSOCIATION, INC. Principal Place of Business Mailing Address 2289 SW 15 ST 2289 SW 15 ST #138 DEERFIELD BEACH FL 33442 #138 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRO, LILLY Street Address (P.O. Box Number is Not Acceptable) 2289 SW 15 ST DEERFIELD BCH, FL 33442 City 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 Stonature, typed or printed name of redistared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD 🔀 Delete ☐ Change ☐ Addition TITLE TITLE CASARANO, ANTHINY NAME NAME 1266 SW MILITARY TRAIL #576 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE WOOLDRIDGE, MICHEAL NAME NAME 1208 S MILITARY TRAIL STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 33442 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE FERRO; LILLY " NAME NAME 2289 SW 15 ST #138 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DUGGAN, MICHAEL NAME NAME 2059 SW 15 ST #218 STREET ADDRESS STREET AODRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY - ST- 709 ☐ Change Addition: TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I hereby 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 attact like empowered.

SIGNATURE