


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

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90138 002 \*\*\*\*61.25

DOCUMENT # <b>750926</b>	
1. Entity Name <b>Meadowridge Lake Association, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**20017647**

2. Principal Place of Business <b>2381 SW 15 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>2381 SW 15 ST</b> Suite, Apt. #, etc.
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CR2E037B (8/05)

City & State <b>Deerfield Bch, FL</b>	City & State <b>Deerfield Bch FL</b>
Zip <b>33442</b>	Zip <b>33442</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Denise Thomas</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2381 SW 15 Street</b>	
	City <b>Deerfield Beach</b>	FL Zip Code <b>33442</b>

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 **Denise Thomas** DATE **3-14-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> <b>Initial or Amended AR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Michael L Duggan 2059 SW 15 ST #218 Deerfield Beach, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S Denise THOMAS 7114 CRESCENT CREEK DRIVE COCONUT CK, FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Duggan** DATE: **3-14-06** **954 421-3383**