2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # 750926 1. Entity Name MEADOWRIDGE LAKE ASSOCIATION, INC.									082 022 **	**61.25	
Principal Place 2289 SW 15 DEERFIELD E		2289	Address SW 15 ST FIELD BEACH, FL	33442	į		มแแแน			1 4 	
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailtr	3. Mailing Address								
Suite, Apt. #, etc.		Suite	e, Apt. #, etc.			01052007	Chg-NP	CR2E	037 (12/06)		
City & State		City	& State		4	NOT AP	PLICABLE		<u> </u>	pplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add		
	6. Name and Address of Curre	ent Registered	Agent	Name	7	. Name and	Address of Ne	w Registere	d Agent		
THOMAS, DENISE											
	15 STREET LD BCH., FL 33442			ddress (P.C). Box Numbe	er is Not Accept	able)				
	'										
				City				F	L Zip Cod	le	
SIGNATURE .	ions of registered agent.										
	Signature, typed or printed name of registered a	gent and little if applic		Registered Agent signa				DATE			
	Signature, typed or printed name of registered at Filling Fee is \$61.25 Due by May 1, 2007	gent and little if applic	9. Election Cam Trust Fund Co	paign Financing	\$	en reinstating) 5.00 May B	0	Make che	ck payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND		9. Election Cam Trust Fund Co	paign Financing	□ \$	5.00 May B	e I	Make che Florida Dep	ck payable t artment of S	itate v 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	DIRECTORS	9. Election Cam	paign Financing ontribution.	□ \$	5.00 May B		Make che Florida Dep	ck payable t artment of S	itate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

HENDEL OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

116/07

Daytime Phone #