2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# 750926

Entity Name: MEADOWRIDGE LAKE ASSOCIATION, INC.

Current Principal Place of Business:

2289 SW 15 ST
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2289 SW 15 ST
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, CAROLYN
2387 SW 15 STREET
DEERFIELD BCH., FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	SMITH, PEGGIE	
Address:	2249 SW 15TH STREET UNIT 192	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	P	( ) Delete
Name:	DUGGAN, MICHAEL	
Address:	2059 SW 15 ST #218	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	RYAN, KATHLEEN	
Address:	2249 SW 15TH STREET UNIT 190	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	T	( ) Delete
Name:	NORMAN, CAROLYN	
Address:	2233 SW 15TH STREET UNIT 213	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN NORMAN MS 06/30/2009

Electronic Signature of Signing Officer or Director — Date