FILED 2003 NOT-FOR-PROFIT CORPORATION Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 750926** 1. Entity Name 03-17-2003 90657 040 ****61.25 MEADOWRIDGE LAKE ASSOCIATION, INC. Principal Place of Business Mailing Address 2387 SW 15TH ST. 2387 SW 15TH ST. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business Mailing Address 2289 2289 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 138 138 City & State City & State 4. FEI Number NOT APPLICABLE Applied For Country 5 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 384 \Box 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 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 3.10.03 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition CASARANO, ANTHINY NAME NAME STREET ADDRESS 1266 SW MILITARY TRAIL #576 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP TITLE Delete TITLE TOPAS ☐ Change NAME SMITH, PAUL R NAME STREET ADDRESS 2363 SW 15TH STREET STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP TITLE -TITLE Sacy Delete --□-Change MAYKA, STEPHEN NAME NAME STREET ADDRESS 2011 SW 15TH ST, APT #145 STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition WOOLDRIDGE, MICHEAL NAME NAME STREET ADDRESS 1208 S MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

3.10.03

☐ Addition

Change