

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 751729	
1. Entity Name THE MEADOWS SPRINGLAKE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ARGUS PROPERTY MANAGEMENT 2477 STICKNEY PT. RD SUITE 118A SARASOTA FL 34231	Mailing Address ARGUS PROPERTY MANAGEMENT 2477 STICKNEY PT. RD SUITE 118A SARASOTA FL 34231
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-2152272	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 2477 STICKNEY PT. RD SUITE 118A SARASOTA FL 34231	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, WILLIAM 5257 MYRTLEWOOD SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEDEL, BARBARA 3813 FISHING TRAIL SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PASOWICZ, RONALD 5251 MYRTLEWOOD SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEED, JOHN 3804 FISHING TR SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSKJE, TANNA 5201 MYRTLEWOOD SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000829757 02/26/08-80053-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Burns*