FILED
Feb 16, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 758153

1. Entity Name
CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SOUTH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10674 BRADENTON, FL 34282	P.O. BOX 10674 BRADENTON, FL 34282

01232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2150093
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C&S CONDO MGMNT. SERV. INC.
4301 32ND ST. W.
STE A19
BRADENTON, FL 34205

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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
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000054435
02/16/04-80171-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	JOHNSTON, JEANNE
STREET ADDRESS	6214 29TH AVE. W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D
NAME	BENNETT, WENDELL
STREET ADDRESS	6344 29TH AVE. W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D
NAME	WILHELM, DONNA
STREET ADDRESS	6307 HERITAGE LANE
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DP
NAME	KATZMAN, HERBERT M
STREET ADDRESS	6218 29TH AVE W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DV
NAME	BALDWIN, CAROL
STREET ADDRESS	6407 HERITAGE LANE
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanne Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #