



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 003 ****61.25

DOCUMENT # 758153 1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SOUTH, INC.																																									
Principal Place of Business P.O. BOX 10674 BRADENTON, FL 34282			Mailing Address P.O. BOX 10674 BRADENTON, FL 34282																																						
2. Principal Place of Business 4301 32ND ST. W. Suite, Apt. #, etc. SUITE A-20 City & State BRADENTON FL Zip 34205 Country US		3. Mailing Address 4301 32ND ST. W. Suite, Apt. #, etc. SUITE A-20 City & State BRADENTON FL Zip 34205 Country US																																							
4. FEI Number 59-2150093				Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name C&S CONDO MGMNT. SERV. INC. Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST. W. SUITE A-20 City BRADENTON FL Zip Code 34205																																						
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 <u><i>Sherie Brown</i></u> VP C&S Condo mgmt. <u>2-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																					
Make check payable to Florida Department of State																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">DST JOHNSTON, JEANNE 6214 29TH AVE. W. BRADENTON, FL 34209</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D GUARD, MILTON 6318 29TH AVE W BRADENTON, FL 34209</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D WILHELM, DONNA 6307 HERITAGE LANE BRADENTON, FL 34209</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>DP YOUNG, LEN 6511 HERITAGE LN BRADENTON, FL 34209</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>DV BALDWIN, CAROL 6407 HERITAGE LANE BRADENTON, FL 34209</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>GIARD, MILTON</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>YOUNG, LEWIS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	DST JOHNSTON, JEANNE 6214 29TH AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	D GUARD, MILTON 6318 29TH AVE W BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	D WILHELM, DONNA 6307 HERITAGE LANE BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	DP YOUNG, LEN 6511 HERITAGE LN BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE	DV BALDWIN, CAROL 6407 HERITAGE LANE BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	GIARD, MILTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	YOUNG, LEWIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Lewis F. Young</i></u> LEWIS F. YOUNG <u>2/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									