1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768297

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90073 034 ****61.25

1. Corporation Name MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.						100337 - 30073 - 34				
Principal Place P.O. BOX 5206 LONGWOOD FI										
· · · · ·	ace of Business	2a. Mailing Address			-	3. Date Incorporated or Qualifed 04/26/1983				
Suite, Apt.	# etc.	Suite, Apt. #, etc.				4. FEI Number	· -	Арр	lied For	
22	, , , , ,	27	_			NOT.APPLICABLE	<u>.</u>	⇒ - Not	Applicable :	
City & State	е	City & State	City & State			5. Certifcate of Status Desired		\$8.75 Ac Fee Req		
Zip	Country	Zip	Countr	у		6. Election Campaign Financing		\$5.00 N	May Be	
24	25	29	30			Trust Fund Contribution Added to Fees			Fees	
	9. Name and Address of Current	Registered Agent		.1		10. Name and Address of New F	egistered	Agent		
			8	1 Name						
DYNDUL, MARIE			8:	2 Street	Addre	ess (P.O. Box Number is Not Acceptable)				
978 WILD FLOWER			8:							
LONGWOOD FL 32750				3						
			84	' '			FL	85 Zip C		
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of Signature, typed or printed name of registered agent	ons of, Section 617.0503, Floridance ittle if applicable. (NOTE: F	ta Statute	y the corpo is. JE D) YW	o's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OF	2-16	2-99		
TITLE	OFFICERS AND DIRECTORS DELETE		1.1 TITLE			SD		Change	Addition	
NAME	BATES, BETTY		1.2 NAME		, `	DRANE NAG	RIJ		•	
STREET ADDRESS				1.3 STREET ADDRESS C		ORRAINE NAG 16 WILDITLOUX INGUSSID FL	ω	ЯY		
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP		GNAWCOD IT	327	50,		
TITLE	TD DELETE		2.1 TITLE		/~	,		Change	Addition	
NAME	ULL, MARY WEL, MARY			2.2 NAME		UZL		. •		
STREET ADDRESS	962 WILD FLOWER			2.3 STREET ADDRESS		α_{ZL}				
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY-	-ST-ZIP .	<u>-</u>				e make not	
TITLE	PD DELETE		3.1 TITLE	3.1 TITLE		<u> </u>		Change	Addition	
NAME	DYNDUL, MARIA		3.2 NAME	3.2 NAME						
STREET ADDRESS	978 WILDFLOWER WAY		3.3 STREET ADDRESS						ĺ	
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY			<u> </u>		Change	☐ Addition	
TITLE		☐ DELETĒ	4.1 TITLE		ļ			Cuanda	[_] Addition	
NAME			4. 2 NAME 4.3 STREET ADORESS						ļ	
STREET ADDRESS					1				ĺ	
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		 			☐ Change	Addition	
TITLE		L. Detera	5.1 THE						_	
NAME CTOCCT ADDDESS			1	ET ADDRESS						
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TT/LE				-	Change	☐ Addition	
NAME		_	6.2 NAME	<u> </u>						
STREET ADDRESS			6.3 STRE	ET ADDRESS						
SINELI MUUNESS			0.4.00774	0T TID	1					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

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:R2E037 (11/98