

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02887

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** THE MEADOWS CONDOMINIUM UNIT ONE AT EAST LAKE WOODLANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 59-2425288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN  
4151 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MICKEY, BRENT  
Address: 506 MEADOW LANE  
City-St-Zip: OLDSMAR, FL

Title: TD ( ) Delete  
Name: DURBOROW, GLENN  
Address: 401 WINDWARD PL  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: SCHULTZ, DON  
Address: 315 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: CLARKE, JESSICA  
Address: 316 MEADOW LN.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: EGAN, GERALD  
Address: 409 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LADD, BRUCE  
Address: 312 MEADOW LANE  
City-St-Zip: OLDSMAR, FL

Title: VP (X) Change ( ) Addition  
Name: DURBOROW, GLENN  
Address: 401 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change ( ) Addition  
Name: STURGEON, IRENE  
Address: 304 MEADOW LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: TD (X) Change ( ) Addition  
Name: PACUCCI, ANDREW  
Address: 10 LA VALENCIA ROAD  
City-St-Zip: OLD BRIDGE, NJ 08857

Title: D (X) Change ( ) Addition  
Name: JEZIOR, WALT  
Address: 521 E. MONTEREY AVENUE  
City-St-Zip: SCHAUMBERG, IL 60193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LADD

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date