

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02887

FILED
Apr 15, 2009
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: LADD, BRUCE
Address: 312 MEADOW LANE
City-St-Zip: OLDSMAR, FL

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

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

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

Title: D () Delete
Name: JEZIOR, WALT
Address: 521 E. MONTEREY AVENUE
City-St-Zip: SCHAMBERG, IL 60193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: DUIGNAM, PAUL
Address: 308 MEADOW LANE
City-St-Zip: OLDSMAR, FL 34677

Title: TREA (X) Change () Addition
Name: CLYDE, SANDRA
Address: 302 WINDWARD PLACE
City-St-Zip: OLDSMAR, FL 34677

Title: TD (X) Change () Addition
Name: PACUCCI, ANDREW
Address: 170 PAGE AVENUE
City-St-Zip: LYNTHURST, NJ 07071

Title: D (X) Change () Addition
Name: MICKEY, BRENT
Address: 508 MEADOW LANE
City-St-Zip: OLDSMAR, IL 34677

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date