

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005950

FILED
Apr 08, 2009
Secretary of State

Entity Name: MEADOWS ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 MEADOWS CIRCLE
NBOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

100 MEADOWS CIRCLE
NBOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 36-4577279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAS REALTY LLC
1901 S CONGRESS AVE SUITE 480
BOYNTON BEACH, FL 33426 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: P () Delete
Name: SAFFIOTTI, VINCENT
Address: 100 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: TATOR, BETTY
Address: 100 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: USIAK, KATHY
Address: 100 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T () Delete
Name: MONTGOMERY, SCOTT
Address: 100 MEADOWS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VINCENT SAFFIOTTI

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date