

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006264

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** VILLAS AT MEADOW LAKES CONDOMINIUM ASSOCIATION,INC.

**Current Principal Place of Business:**

DAVENPORT PROF PROP MGMT INC.  
6620 LAKE WORTH RD. STE F  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

DAVENPORT PROF PROP MGMT INC.  
6620 LAKE WORTH RD. STE F  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 20-2346520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROUGH, CHADROW & LEVINE  
2700 SOUTH COMMERCE PARKWAY  
WESTON, FL 33331 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  
Name: VOGEL, DONNA  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VPD  
Name: COYLE, JOHN  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: TD  
Name: HOMER, CHARLES  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: S  
Name: GRADY, CATHERINE  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D  
Name: COLL, THOMAS  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby 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 all other like empowered.

SIGNATURE: D. VOGEL

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date