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May 22, 2007 8:00 am
Secretary of State

04-26-2007 90208 042 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # N06000003198

1. Entity Name
MEADOWLAKE PALM HARBOR CONDOMINIUM ASSOCIATION, INC.

66016030

Principal Place of Business	Mailing Address
2690 CORAL LANDINGS BLVD PALM HARBOR, FL 34684	2690 CORAL LANDINGS BLVD PALM HARBOR, FL 34684
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number: 20-4642795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE & STOLZ PALM HARBOR MANAGER, INC.
2690 CORAL LANDINGS BLVD
PALM HARBORQ, FL 34684

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	MCRAE, W. ALAN	
STREET ADDRESS	366 N MAIN ST STE 400	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	STD	☐ Delete
NAME	SNYDER, PENNY	
STREET ADDRESS	366 N MAIN ST STE 400	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☐ Change ☑ Addition
NAME	David Lubotsky	
STREET ADDRESS	2690 Coral Landings Blvd # 517	
CITY-ST-ZIP	Palm Harbor, Fl 34684	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Penny Snyder, Sec./Tres 3/30/07 7703902555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #