


### 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000003198</b>	
1. Entity Name <b>MEADOWLAKE PALM HARBOR CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>2690 CORAL LANDINGS BLVD PALM HARBOR, FL 34684</b>	Mailing Address <b>2690 CORAL LANDINGS BLVD PALM HARBOR, FL 34684</b>
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01072008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4642795</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MCRAE, W. ALAN 366 N MAIN ST STE 400 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SNYDER, PENNY 366 N MAIN ST STE 400 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LUBOTSKY, DAVID 2690 CORAL LANDINGS BLVD. #517 PALM HARBOR, FL 34684
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02/07/08-80006-024 61.25

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 or assignee or 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 employees.

SIGNATURE: W. Alan McRae 1/31/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #