1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am § Secretary of State

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DOCUMENT # N10830

1. Corporation Name

ONECO FL 34264--

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MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 5629 21ST CT (BRANDENTON, FL.) P.O. BOX 504 Mailing Address

5629 21ST CT (BRANDENTON, FL.) P.O. BOX 504

P.O. BOX 504 ONECO FL 34264

2. Principal Pl	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21 5620	22 no St. E. (Brawenter FL	26 5620 22 no St.	F. (Bradenton,	F2] 08/23/1985			
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 P.O. A	Bax 504	27 P.O. Box 50	U	65-0079077		Not Applicable	
City & State	e £1	City & State 28 Ones FL		5. Certifcate of Status Desired	4	75 Additional ee Required	
23 Oneu	Country	Zip // Zip	Country	# Clastica Compains Financing	<u> </u>	.00 May Be	
Zip	· ¬ ' '		¬ ′	6. Election Campaign Financing Trust Fund Contribution		ded to Fees	
24 3426			<u>'</u>	10. Name and Address of New Regi		400 10 1 005	
81 Name							
		MODRE , RICHARD A.					
SORICELLI, RALPH				Street Address (P.O. Box Number is Not Acceptable)			
5609 21ST ST. CT. E				0 22nd St. E.			
BRADENTON FL 34203							
			84 City		85	Zip Code	
			BR	ADENTON	FL	84203	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
1 5/1/10/7							
SIGNATURE	Signature, typed or printed name or registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature rec	guired when reinstating)	DATE	'''	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	P	X DELETE	1.1 TITLE	President 0 11 A	∰ Cha	ange 💢 Addition	
NAME	MARTIN, ROBERT SR		1.2 NAME	Actual Moore, Richaely A.			
			1.3 STREET ADDRESS	suzo aznostie.			
STREET ADDRESS	5616 22ND ST. E			BRANDENTON, FL 34203			
CITY-ST-ZIP	BRADENTON FL	- DELETE		4-0	Chi	ange Addition	
TITLE -	VP	Decere	2.1 IIILE	Brown HERD	~ {		
NAME	STONE, MICHAEL			Sb12 22nd ST E,		•	
STREET ADDRESS	5621 21ST ST. CT E.		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	BRADENTON FL			Bradendon, R1 34203		ange Addition	
TITLE	D	DELETE	E .	S. T.	Cha	ange Auduluon	
NAME	SMITH, GLENN		3.2 NAME	moore. Traci 5620 22 no 5+.12.			
STREET ADDRESS	5605 21 ST CT E		3.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34203		3.4. CITY-ST-ZIP	BENDENTON FI 34203			
TITLE	DT	DELETE		D	∑ Cha	ange 🗍 Addition	
NAME	KROLIDES, IRENE	V	4. 2 NAME	martin, Robert 60			
STREET ADDRESS	5617 21 ST CT E		4.3 STREET ADDRESS	5616 22ND ST E.			
CITY-ST-ZIP	BRADENTON FL 34203		4.4 CITY-ST-ZIP	Broweston Fl 34203			
TITLE	VP	☐ DELETE	513TLF		☐ Cha	ange 🔀 Addition	
NAME	SORICELLI, RALPH	• •	5.2 NAME	Vadenban eveur, John			
STREET ADDRESS	5609 21ST ST. CT E		5.3 STREET ADDRESS	5604 22ND StE.			
1	BRADENTON FL 34205		5.4 CITY-ST-ZIP	Bradenton FL 34203			
CITY-ST-ZIP		₩ DELETE		D BIRDERIN I L SIGS	∑ Cha	ange Addition	
ĺ	D DOWN HEDD	Æ ≥===.c	•	Krolides, TRENE	7		
NAME	BROWN, HERB			· _			
STREET ADDRESS	5612 22ND ST. E		6.3 STREET ADDRESS	SUD BIGH. CT. E.			

BRADENTON FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 it enamed by 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 12 or Block 13 it enamed by 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-9°

941-751-2432 Daytime Phone # R2E037 (11/98)