

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUL 10 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N10830 1. Entity Name MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 5529 21ST ST. CT. E. BRADENTON, FL 34203		Mailing Address P O BOX 504 ONECO, FL 34264	
2. Principal Place of Business 2124 55th Ave Dr. E.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, Florida		City & State	
Zip 34203		Country	
Country		4. FEI Number 65-0079077	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORR, ERIC DVM 5529 21ST ST. CT. E. BRADENTON, FL 34203		7. Name and Address of New Registered Agent Name Richtscheidt, John Street Address (P.O. Box Number is Not Acceptable) 2124 55th Avenue Drive East City Bradenton FL Zip Code 34203	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORR, ERIC 5529 21ST ST. CT. E. BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richtscheidt, John 2124 55th Ave Dr. E. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELENSKY, DOROTHY 2128 55 AVE DR EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100077711311 07/19/06--01009--004 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROLIDES, IRENE 5617 21ST STREET CT E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Clayton Eason 5604 22nd Street E. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date: 7/10/06 Daytime Phone # _____	

REINSTATEMENT
 B. 7/13/06