


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10830**  
 1. Entity Name  
**MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2124 55TH AVE DR EAST  
 BRADENTON, FL 34203**

Mailing Address  
**P O BOX 504  
 ONECO, FL 34264**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0079077**


Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RICHTSCHEIDT, JOHN  
 2124 55TH AVE DR EAST  
 BRADENTON, FL 34203**

**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:  **res.** DATE: **1/15/07**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$81.25  
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHTSCHEIDT, JOHN 2124 55TH AVE DR EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELENSKY, DOROTHY 2128 55 AVE DR EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EASON, CLAYTON 5604 22ND STREET EAST BRADENTON, FL 34203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: **1/15/07** DAYTIME PHONE #: **941-744-6249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR