

**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**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

[Signature]

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/15/07
DATE

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

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01/18/07-80070-006 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07
Date

941-744-6249
Daytime Phone #