

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 045 ****61.25

DOCUMENT # N16558

1. Entity Name

MEADOW LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 4225
BOYNTON BEACH FL 33424

Mailing Address

P.O. BOX 4225
BOYNTON BEACH FL 33424

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0394491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GULFSTREAM SERVICES MANAGEMENT
C/O SCOTT STVALEAO
1375 GATEWAY BLVD., SUITE 28
BOYNTON BEACH FL 33426

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

Scott Stvaleao

Scott Stvaleao

3/3/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME YOCUM, BEVERLY
STREET ADDRESS 82 SANDPIPER WAY
CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR ☐ Delete
NAME PLEQNOLI, FRANCINE J
STREET ADDRESS 13 SWALLOW DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME POST, DEAN
STREET ADDRESS 91 SWALLOW DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☒ Addition
NAME *Donita Duvetvil*
STREET ADDRESS *48 60th Way*
CITY-ST-ZIP *Boynton Beach, FL 33436*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Deborah Wilson*
STREET ADDRESS *47 60th Way*
CITY-ST-ZIP *Boynton Beach, FL 33436*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beverly B. Yocum - President

03/04/08 561-733-5550