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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23240** **(7)**

1. Corporation Name

MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12300 ALT A1A SUITE 105 PALM BEACH GARDENS FL 33410 US	12300 ALT A1A SUITE 105 PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 10/29/1987

4. FEI Number: 65-0029733 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 12300 ALT A1A	26 12300 ALT A1A
Suite, Apt. #, etc. 22 Suite 110	Suite, Apt. #, etc. 27 Suite 110
City & State 23 Palm Beach Gdns FL	City & State 28 Palm Beach Gardens FL
Zip 24 33410	Zip 29 33410
Country 25 Palm Beach	Country 30 Palm Beach

9. Name and Address of Current Registered Agent

HOLMES, CHRISTOPHER
134 CYPRESS POINTE DR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12300 ALT A1A Ste 110

83

84 City: Palm Bch Gdns **FL** 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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.

SIGNATURE: Roger W Holmes Treas — DATE: 1/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HOLMES, DANIEL T		1.2 NAME		
STREET ADDRESS	181 COMMODORE DR.		1.3 STREET ADDRESS	12300 ALT A1A Ste 110	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	VD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HOLMES, CHRISTOPHER K		2.2 NAME		
STREET ADDRESS	181 COMMODORE DR.		2.3 STREET ADDRESS	12300 ALT A1A Ste 110	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	STD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	HOLMES, ROGER W		3.2 NAME		
STREET ADDRESS	181 COMMODORE DR.		3.3 STREET ADDRESS	12300 ALT A1A Ste 110	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	Palm Beach Gdns, FL 33410	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE: Roger W Holmes Treas — 1/24/97 — 561-227-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #