FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23240

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

Principal Place	of Business
12300 ALT AIA	

STE 110

PALM BEACH GARDENS FL 33410

Mailing Address

12300 SALT AIA

STE 110

PALM BEACH GARDENS FL 33410

FILED Feb 19, 1999 8:00 am Secretary of State

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2. Principal F	Place of Business 2a. Mailing Address 26				corporated or Qualife 9/1987	ed					
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.					4. FEI Number A					
22	27			_	65-00	65-0029733				pplicable	
City & Sta	te	City & State			5 Cartifac	eta of Status Desired		\$8.	75 Add	itional	
23		28			J. Certifica	5. Certificate of Status Desired Fee Required					
Zip	Country	Zip	Country	,	6. Election	n Campaign Financin	g []	\$5	.00 ма	y Be	
24	25	29	30		Trust F	und Contribution	. п	Ad	ided to F	ees	
	9. Name and Address of Current	Registered Agent			10. Name	and Address of Nev	v Registered	Agent			
			81	Name							
HOLMES	, CHRISTOPHER		82	Street	Address (P.O. Boy	Number is Not Acce	ntable)				
123007ALT AIA, STE 110			02	J. Silver	Address (1.0. Dox	Hamber is Not Acco	ршою				
	ACH GARDENS FL \$34187		83	<u> </u>							
157		()		ļ					71. 0.4		
Pha	Suthit A Mis-	\.\\.\).	84	City			FI	_ 85	Zip Cod	e	
11 Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above	e-named	corporation submit	s this statement for the	he purpose o	f changir	ng its reg	istered	
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was aut	thorized by	the com							
•	am familiar with, and accept the obligation	ns of, Section 617.0503, Flori	da Statutes	••	•						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if sonlicable /NOTE: 6	enà heretaine	nt einneture	required when reinstating)		DATE				
12.	OFFICERS AND		13.	K Bigitatoro		NS/CHANGES TO		ND DIRE	CTORS	IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE					Cha		Addition	
NAME	HOLMES, DANIEL T		1,2 NAME					_		_	
	12300 ALT AIA, STE 110			T ADDRESS							
STREET ADDRESS	· ·	10			'						
CITY-ST-ZIP	VD	PALM BEACH GARDENS FL 33410 14 CT DELETE 21 TT		T-ZIP	ļ			Cha	2000	Addition	
TITLE	,		2.1 TITLE						ange		
NAME	HOLMES, CHRISTOPHER K		2.2 NAME								
STREET ADDRESS			2.3 STREE		ODRESS						
CITY-ST-ZIP			2.4 CITY-S	T- ZIP						- A d 4/8/	
TITLE	STD	☐ DELETE	3.1 TITLE					☐ Cha	ange	Addition	
NAME	110-111-11		3.2 NAME		1						
STREET ADDRESS	•		3.3 STREET	T ADDRESS							
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410 34.CF			T-ZIP							
TITLE		☐ DELETE	4.1 TITLE					☐ Ch	ange	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	TADORESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE					Cha	ange	Addition	
NAME			5.2 NAME		•						
STREET ADDRESS			5.3 STREET	TADDRESS							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE	***************************************	☐ DELETE	6.1 TITLE					Cha	ange	Addition	
NAME			6.2 NAME								
STREET ADDRESS			4		1						
			6.3 STREET	ADDRESS							

4. 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 of the receiver or trustee empowered as execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address with all other like empowered.

SIGNATURE: