## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N23240 1. Entity Name 04-26-2004 90487 048 \*\*\*\*61.25 MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12300 ALT AIA 12300 SALT AIA 94066353 STE 110 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 223 Cypress Suite, Apt. 4, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0029733 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, CHRISTOPHER Street Address (P.O. Box Number is Not 12300 ALT AIA, STE 110 PALM BEACH GARDENS FL 33410 Zip Code 334/8 City 8. The above named entity submits this satement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE HOLMES, DANIEL T NAME NAME Change > 21 N. Hepburn Avenue, +14 12300 ALT AIA, STE 110 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY - ST- ZIP CITY-ST-ZIP Jupiler Florida 33458 Addition TITLE TITLE Change Delete HaroldaBRooks HOLMES, CHRISTOPHER K NAME NAME 223 Cypress Point DRIVE 12300 ALT AIA, STE 110 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 Palm Beach GARdeNS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_\_ Delete = -TITLE - 🗀 Change — 🔀 Addition -NANCY SAMONICH HOLMES, ROGER W NAME NAME 111 Cypress Point Drive 12300 ALT AIA, STE 110 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIF CITY-ST-ZIP GARdens, FL 33418 ☐ Delete ☐ Change TITLE TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. 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 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 OF DIRECTOR

**FILED**