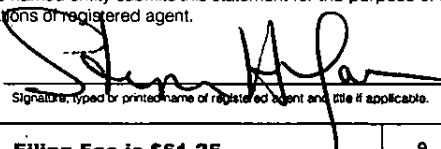
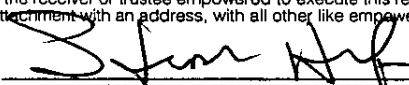


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 003 ****61.25

DOCUMENT # N23240 1. Entity Name MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business MEADOW BROOK ET PGA CYPRESS POINT DR PALM BEACH GARDENS, FL 33418 US			Mailing Address SEACREST SERVICES 2400 CENTRE PARK WEST WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0029733	
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		
YARVIS, STEPHEN 222 CYPRESS POINT DR PALM BEACH GARDENS, FL 33418			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	YARVIS, STEPHEN		NAME	DUNNE, WILLIAM	
STREET ADDRESS	222 CYPRESS PT DR		STREET ADDRESS	219 CYPRESS PT DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	BROOKS, HAROLD O		NAME	JUDY FURLLOTTE	
STREET ADDRESS	223 CYPRESS POINT DRIVE		STREET ADDRESS	620 MASTERS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VP	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	SAMONICH, NANCY SAMANICH		NAME	SAMANICH NANCY	
STREET ADDRESS	111 CYPRESS POINT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	TULLIN, KELLY		NAME		
STREET ADDRESS	114 CYPRESS PT DR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEE, JOHN "TED"		NAME		
STREET ADDRESS	211 CYPRESS PT DR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		