2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State
08-10-2007 90047 042 ****70.00

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DOCUMENT # N23240

1. Entity Name
MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MEADOW BROOK ET PGA CYPRESS POINT DR PALM BEACH GARDENS, FL 33418 US	~~SEACREST SERVICES~~ ~~2400 CENTRE PARK WEST~~ ~~WEST PALM BEACH, FL 33409 US~~

08012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
300 Ave of the Champions	300 Ave of The Champions
Suite, Apt. #, etc.: Suite 120	Suite, Apt. #, etc.: Suite 120
City & State: Palm Beach Gardens, FL.	City & State: Palm Beach Gardens, FL.
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number 65-0029733 ☐ 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
YARVIS, STEPHEN 222 CYPRESS POINT DR PALM BEACH GARDENS, FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~+~~ Director YARVIS, STEPHEN 222 CYPRESS PT DR PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gary, Nagle 300 Ave. of the Champions, Ste. 120 Palm Beach Gardens, FL. 33418	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNNE, WILLIAM 219 CYPRESS PT DR PALM BEACH GARDENS, FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Samanich, Nancy 300 Ave. of the Champions, Ste 120 Palm Beach Gardens, FL. 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~+~~ Treasurer SAMANICH, NANCY 111 CYPRESS POINT DRIVE PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Goodman Clara B. 300 Ave. of the Champions, Ste. 120 Palm Beach Gardens, FL. 33418	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FURLUTTE, JUOY 620 MASTERS WAY PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Yaruis, Stephen 300 Ave. of the Champions Suite 120 Palm Beach Gardens, FL. 33418	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, JOHN "TED" 211 CYPRRESS PT DR PALM BEACH GARDENS, FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 8/7/07 (561) 625-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #