2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # N23240 1. Entity Name MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC. Principal Place of Business MEADOW BROOK ET DA				60054	509		
MEADOW BROOK ET PGA CYPRESS POINT OR PALM BEACH GARDENS, FL 33418 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address							
300 A Suite, Apt.	ue of the Champion 300	<u>Aue of The</u> te, Apt. #, etc. ite 120	<u>eChampi</u>	00040007		R2E037 (12/06)	IIII SI ISSI
City & Stat	Beach Gardens FL. Palm	8 State Beach Gard	ens, FL.	4. FEI Number 65-002973	33	No	oplied For of Applicable
	8 Country 333 6. Name and Address of Current Registere	418	USA	Certificate of S Name and Add	tatus Desired (\$8.75 Add Fee Require tered Agent	
	STEPHEN ESS POINT DR ACH GARDENS, FL 33418		Name Street Address (P.O. Box Number is Not Acceptable)				
& The above	named entity submits this statement for the purp	City -	vistared agent or both in	- the State of Florida	Zip Cod	ļ.	
the obligat	ions of registered agent.	us regis	stered office of reg	istaled agent, or both, i	The State of Florida	r i am (aminar with,	ана ассері
SIGNATURE							I
SIGNATIONE	Signature, typed or printed name of registered agent and title if app	icable, (NOTE: Regis	stered Agent signature re	quired when reinstating)	·	DATE	
	Signature, typed or printed name of registered agent and title if app Filling Fee is \$61.25 ue by September 14, 2007	icable. (NOTE: Regis 9. Election Campaig Trust Fund Contril	gn Financing	\$5.00 May Be Added to Fees	Make	check payable t	
D 10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIRECTORS	9. Election Campaig Trust Fund Contril	gn Financing libution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make Florida	check payable t Department of S	tate
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR