

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 036 ****70.00

DOCUMENT # N23240

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



Principal Place of Business
**300 AVE OF THE CHAMPIONS
SUITE 120
PALM BEACH GARDENS, FL 33418 US**

Mailing Address
**300 AVE OF THE CHAMPIONS
SUITE 120
PALM BEACH GARDENS, FL 33418 US**

40067589



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0029733

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 May 1, 2008**

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 **D** ☐ Delete
NAME **YARVIS, STEPHEN**
STREET ADDRESS **222 CYPRESS PT DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☒ Change ☐ Addition
NAME **300 Avenue of the Champions #120**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **NAGLE, GARY**
STREET ADDRESS **300 AVE OF THE CHAMPIONS STE 120**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SAMANICH, NANCY**
STREET ADDRESS **111 CYPRESS POINT DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Joan Dittmar**
CITY-ST-ZIP **300 Avenue of the Champions #120**
Palm Beach Gardens FL 33418

TITLE **S** ☒ Delete
NAME **FURLUTTE, JUOY**
STREET ADDRESS **620 MASTERS WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Judy Furlotte**
CITY-ST-ZIP **300 Avenue of the Champions #120**
Palm beach Gardens FL 33418

TITLE **VP** ☐ Delete
NAME **GOODMAN, CLARA B**
STREET ADDRESS **300 AVE OF THE CHAMPION STE 120**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **XARVIS, STEPHEN**
STREET ADDRESS **300 AVE OF THE CHAMPION STE 120**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gary J. Nagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GARY J. NAGLE** Date **4-9-08** Daytime Phone **561-329-1124**