Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25680

Country

9. Name and Address of Current Registered Agent

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER. INC.

Principal Place of Busines	s
317 PINE BREEZE DRIVE EDGEWATER FL 32141	

Suite, Apt. #, etc.

City & State

22

23 Zip

24

2. Principal Place of Business

Mailing Address

317 PINE BREEZE DR EDGEWATER FL 32141

2a. Mailing Address

City & State

Zip

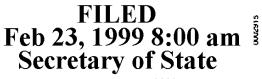
Suite, Apt. #, etc.

26

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3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

03/30/1988

59-3052047

4. FEI Number

VISCONTI, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)					
316 PINE BREEZE DRIVE EDGEWATER FL 32141									
			84	City	FL	85	Zip Co	ode	
office or r	to the provisions of Sections 617,0502 and 617,150 egistered agent, or both, in the State of Florida. Suo m familiar with, and accept the obligations of, Section	ch change was auth	orized by	tue cotb	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi	changir ntment	ng its re as regi	egistered stered	
SIGNATURE			··		equired when reinstating) DATE				
12.	Signature, typed or printed name of registered agent and title if applical		13.	t signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12	
	OFFICERS AND DIRECTOR	DELETE	1,1 TITLE		D	Ch		Addition	
ITILE	D	3 Deterie			DANIEL STOUP	_			
IAME	CALABRESE, NAOMI		1.2 NAME		198 Cloveridge Court				
STREET ADDRESS	324 PINE BREEZE DRIVE		1.3 STREET		Edgewater, FL 32141				
CITY-ST-ZIP	EDGEWATER FL 32141-5828		1.4 CITY-ST	-ZIP	EAGENATER, PL JAIT!	Ch		Additio	
TITLE	VP	☐ DELETE	2.1 TITLE		NORA Roberts	AUCII	ange	L.J Addison	
MAME	ROBERTS, NORA	i	2.2 NAME		The second of th	•			
STREET ADDRESS	327 PINE BREEZE DR		2.3 STREET	ADDRESS	Clarates 0 32141				
CITY-ST-ZIP	EDGEWATER FL 32141		2. 4 CITY- ST	T-ZIP	Edgewater, A. 32141				
TITLE	S	☐ DELETE	3.1 TITLE			☐ Ch	ange	Addition	
LAME	STOUP, EILEEN		3.2 NAME						
STREET ADDRESS	198 CLOVERRIDGE CT		3.3 STREET	ADDRESS					
CITY-ST-ZIP	EDGEWATER FL 32141		3.4. CITY-S	T-ZIP					
IIILE	D	☐ DELETE	4.1 TITLE		P	Ch	ange	Addition Addition	
NAME	MASSO, DONALD D.		4.2 NAME		ROBERT BONNEY				
STREET ADDRESS.	317 PINE BREEZE		4.3 STREET	ADDRESS	200 Cloveringe COURT				
	- · · · · · · · · · · · · · · · · ·		4.4 CITY-ST	מור	Robert BONNEY 200 Cloveridge Court Edgewater, FL 32141				
CITY-ST-ZIP	EDGEWATER FL 32141-5829	☐ DELETE	5.1 TITLE	1 · ZIF		Chi	ange	Addition	
TTLE	D DOBERT		5.2 NAME		AL BECKMAN 217 MEADOW LAKE DR		-	-	
NAME	MCINTOSH, ROBERT		5.3 STREET	ANDRESS	217 MEADOW LAKE DK				
STREET ADDRESS	303 PINE BREEZE DRIVE	į			Edgewater, FL 32141				
CITY-ST-ZIP	EDGEWATER FL		5.4 CITY-ST 6.1 TITLE	1-4P	Co Jewa Joseph	□ Ch	2000	Additio	
ITTLE) T	DELETE					ai ige	LJ AUGIUC	
NAME	THOMPSON, KAY		6.2 NAME						
STREET ADDRESS	327 PINE BREEZE DR		6.3 STREET	ADDRESS					
CITY-ST-ZIP	EDGEWATER FL 32141-5828		6.4 CITY-ST	r-ZIP	\				

Country

81 Name

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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar 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 12 or Block 13 if chapter 6, or on, an attachment with an address, with all other like empowered.