

3/31/02

FILED  
May 01, 2002 8:00 am  
Secretary of State

03-31-2002 90351 020 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N25680

1. Entity Name

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.

Principal Place of Business

Mailing Address

180 NORTH WESTMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32714

317 PINE BREEZE DR  
EDGEWATER FL 32141  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

302 PINE BR DR  
Suite, Apt. #, etc.

302 PINE BR DR  
Suite, Apt. #, etc.

EDGEWATER  
City & State

EDGEWATER  
City & State

FL

FL

32141

Country US

32141

Country US

4. FE Number 50-0952007

Applied For

5. Certificate of Status Entered

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSO, DONALD  
317 PINE BREEZE DRIVE  
EDGEWATER FL 32741

7. Name and Address of New Registered Agent

Name: BYSON JAY A  
Street Address (P.O. Box Number is Not Acceptable): 302 PINE BR DR  
City: EDGEWATER FL Zip Code: 32141

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.

SIGNATURE: Jay A Byson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: THOMPSON, KAY  
STREET ADDRESS: 327 PINE BREEZE DRIVE  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: D  
NAME: VP DARDINSKI, EILEEN  
STREET ADDRESS: 207 MADROW LK DR  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: SD  
NAME: STOUP, EILEEN  
STREET ADDRESS: 188 CLOVERIDGE CT  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: D  
NAME: SEC VISCONTI, MIKE  
STREET ADDRESS: 316 PINE BR DR  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: PD  
NAME: BONNEY, ROBERT  
STREET ADDRESS: 200 CLOVERIDGE COURT  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE: TD  
NAME: CRANE, LORRAINE F  
STREET ADDRESS: 310 PINE BREEZE DR  
CITY-ST-ZIP: EDGEWATER FL 32141

TITLE:    
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

TITLE:    
NAME:    
STREET ADDRESS:    
CITY-ST-ZIP:  

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael P. Visconti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/02  
Date

Daytime Phone #

CFR2E037 (8/01)