

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90681 050 ****61.25

DOCUMENT # N25680

1. Entity Name

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.



Principal Place of Business

234 MEADOW LAKE DRIVE
EDGEWATER FL 32141

Mailing Address

234 MEADOW LAKE DRIVE
EDGEWATER FL 32141
US

J4UJUUJ1



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3052047

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

STARLIPER, HENRY R
234 MEADOW LAKE DRIVE
EDGEWATER FL 32141

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD VISCONTI, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	316 PINE BREEZE DRIVE EDGEWATER FL 32141	
TITLE NAME	VD GROGAN, CHES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	229 MEADOW LAKE DRIVE EDGEWATER FL 32141	
TITLE NAME	DS BUCCERI, PAUL A JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	314 PINE BREEZE DRIVE EDGEWATER FL 32141	
TITLE NAME	I STARLIPER, HENRY W	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	234 MEADOW LAKE DRIVE EDGEWATER FL 32141	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD TINA FERRETTI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	234 PINE BREEZE DRIVE EDGEWATER FL 32141	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Henry M. Starliper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

386-424-9644

Daytime Phone #