

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25680

FILED
Jun 22, 2008
Secretary of State

Entity Name: MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.

Current Principal Place of Business:

197 CLOVERIDGE COURT
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

197 CLOVERIDGE COURT
EDGEWATER, FL 32141 US

New Mailing Address:

197 CLOVERIDGE COURT
EDGEWATER, FL 32141

FEI Number: 59-3052047 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMMER, NICHOLAS R
197 CLOVERIDGE COURT
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECKERT, HENRIETTA
Address: 308 PINE BREEZE DR
City-St-Zip: EDGEWATER, FL 32141

Title: VP () Delete
Name: CALABRESE, NAOMI
Address: 324 PINE BREEZE DR
City-St-Zip: EDGEWATER, FL 32141

Title: S () Delete
Name: CIANNICO, LINDA
Address: 196 CLOVER PODGE CT
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: HAMMER, NICHOLAS R
Address: 197 CLOVERIDGE COURT
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMMER, NICHOLAS R
Address: 197 CLOVERIDGE COURT
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAMPBELL, KATHY
Address: 338 PINE BREEZE DR
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK HAMMER

P

06/22/2008

Electronic Signature of Signing Officer or Director

_____ Date