

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 014 ****61.25

0100594

DOCUMENT # N25680

1. Entity Name

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.



Principal Place of Business

**302 PINE BR DR
EDGEWATER FL 32141**

Mailing Address

**302 PINE BR DR
EDGEWATER FL 32141
US**

2. Principal Place of Business

234 MEADOW LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address

234 MEADOW LAKE DR
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

EDGEWATER FL

City & State

EDGEWATER FL

4. FEI Number **59-3052047**

Applied For

Not Applicable

Zip

32141

Country

Zip

32141

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYSON, JAY A
302 PINE BR DR
EDGEWATER FL 32741**

7. Name and Address of New Registered Agent

Name **HENRY W. STARLIPER**
Street Address (P.O. Box Number is Not Acceptable)
234 MEADOW LAKE DRIVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Henry W. Starliper

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

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 STREET ADDRESS CITY-ST-ZIP	VPD DARDINSKI, EILEEN 207 MEADOW LK DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VISCONTI, MIKE 316 PINE BR DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANE, LORRAINE F 310 PINE BREEZE DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISCONTI, MIKE 316 PINE BREEZE DR EDGEWATER, FL. 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROGAN, CHES 229 MEADOW LAKE DR EDGEWATER FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIS BUCCERI, PAUL A. JR 314 PINE BREEZE DR EDGEWATER FL. 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARLIPER, HENRY W. STARLIPER, HENRY W. 234 MEADOW LAKE DRIVE EDGEWATER FL. 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 W. Starliper (HENRY W. STARLIPER)

5/20/03

386-424-9644

CR2E037 (10/02)