

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90250 036 \*\*\*\*61.25

**60034915**



03022006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N29543</b> 1. Entity Name <b>MEADOWS OF PUNTA GORDA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>449 ROYAL POINCIANA #122 PUNTA GORDA, FL 33955</b>			Mailing Address <b>PO BOX 511542 PUNTA GORDA, FL 33951-1524</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2421 Shreve ST STE 115</b>		4. FEI Number <b>65-0011387</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Punta Gorda FL</b>		City & State <b>Punta Gorda FL</b>			
Zip <b>33950</b>		Zip <b>33950</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SIEMER, BARBARA A. 449 ROYAL POINCIANA #122 PUNTA GORDA, FL 33955</b>				7. Name and Address of New Registered Agent Name <b>Dorothy M Bennett</b> Street Address (P.O. Box Number is Not Acceptable) <b>2421 Shreve ST STE 115</b> City <b>Punta Gorda FL</b> Zip Code <b>33950</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/17/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POKLASNY, JUNE 26313 FEATHERSOUND DR PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN LANCASTER 2101 GULFVIEW RD PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDER, ODELIA 449 ROYAL POINCIANA # 221 PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON BILCICKI 9030 BURNSTOWN RD PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEMER, BARBARA A 449 ROYAL POINCIANA # 122 PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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:  R.A./C.A.M. <b>4/17/06 941-639-1142</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					