

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

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90057 024 \*\*\*\*61.25

**DOCUMENT # N33030**

1. Entity Name

THE MEADOWS AT MIRROR LAKES ASSOCIATION, INC.



Principal Place of Business

693 MORNINGMIST LANE  
LEHIGH ACRES FL 33936  
US

Mailing Address

693 MORNINGMIST LANE  
LEHIGH ACRES FL 33936  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032329

Applied For

Not Applicable

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

DEBOEST, RICHARD D II ESQ  
1415 HENDRY STREET  
FORT MYERS FL 33901

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

*Richard DEBOEST II, Esq.*

*2/9/2004*

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

TITLE VP  
NAME Mellett, Ken  
STREET ADDRESS 547 FOXCREEK DR.  
CITY-ST-ZIP LEHIGH FL 33936 ☐ Delete

TITLE SD  
NAME Cunnius, Carol  
STREET ADDRESS 696 GRASS COVE COURT  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE TD  
NAME JERREY, LAURIE  
STREET ADDRESS 694 COVEY LANE  
CITY-ST-ZIP LEHIGH FL 33936 ☒ Delete

TITLE PD  
NAME NADEAU, PRISCILLE  
STREET ADDRESS 693 MORNINGMIST LANE  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE VP  
NAME MEYER, SCHMIT  
STREET ADDRESS 544 WHISPERING WIND BLVD.  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME DeWayne Hammock  
STREET ADDRESS 532 Whispering Wind Bend  
CITY-ST-ZIP Lehigh Acres FL 33936 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*03-14-04 239-369-0065*