

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 015 ****61.25

DOCUMENT # N38995

1. Entity Name

MEADOWRIDGE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3337 MEADOWRIDGE DR
MELBOURNE FL 32901
US

Mailing Address

3337 MEADOWRIDGE DR
MELBOURNE FL 32901
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3053433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIM, LAURA L
3337 MEADOWRIDGE DR.
MELBOURNE FL 32901

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, 2007

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: VPD
NAME: ETIENNE, ALBERT ☒ Delete
STREET ADDRESS: 3325 MEADOWRIDGE DR
CITY-STATE-ZIP: MELBOURNE FL 32901

TITLE: STD
NAME: SHIM, LAURA L ☐ Delete
STREET ADDRESS: 3337 MEADOWRIDGE DR
CITY-STATE-ZIP: MELBOURNE FL 32901

TITLE: PD
NAME: SACHTLER, MICHAEL ☐ Delete
STREET ADDRESS: 3318 MEADOWRIDGE DR.
CITY-STATE-ZIP: MELBOURNE FL 32901

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD ☐ Change ☒ Addition
NAME: Freeman, Thomas
STREET ADDRESS: 3330 Meadowridge Dr.
CITY-STATE-ZIP: Melbourne, FL 32901

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Laura L. Shim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

321-726-6675