

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48336

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE MEADOW RUN ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT INC
1145 SAWGRASS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT INC
1145 SAWGRASS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Mailing Address:

FEI Number: 65-0389528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF KAZMAN & KORR, PA
5581 W OAKLAND PARD BLVD
2ND FLOOR
LAUDERHILL, FL 33313 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: D () Delete
Name: KRAMER, WILLIAM
Address: 1145 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: MCLAUGHLIN, LAURA
Address: 9450 NW 67 CT
City-St-Zip: PARKLAND, FL 33076

Title: P () Delete
Name: FELDMAN, FAITH
Address: 1145 SAWGRASS CORP. PKWY.
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: PIZZO, LOU
Address: 1145 SAWGRASS LOOP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: HUNSCHOFSKY, CHRISTINE
Address: 1145 SAWGRASS CORP. PKWY.
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FAITH FELDMAN

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date