2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N94000003625

Entity Name: MEADOWS VIEW ASSOCIATION, INC.

Current Principal Place of Business:

1160 NW A 15TH AVE.
BOCA RATON, FL 33486

New Principal Place of Business:

1160 NW A 15TH AVE.
A
BOCA RATON, FL 33486

Current Mailing Address:

1160 NW A 15TH AVE.
BOCA RATON, FL 33486

New Mailing Address:

1160 NW A 15TH AVE.
A
BOCA RATON, FL 33486

FEI Number: 65-0620848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TICHY, HANNA
1160 NW 15TH AVE. A
BOCA RATON, FL 33486 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: DPS ( ) Delete
Name: HECKERTHORNE, SCOTT
Address: 1180 B NW 15TH AVE.
City-St-Zip: BOCA RATON, FL 33488

Title: DT ( ) Delete
Name: TICHY, HANNA
Address: 1160 A NW 15TH AVE.
City-St-Zip: BOCA RATON, FL 33488

Title: DV ( ) Delete
Name: BATMASIAN, JAMES
Address: 215 N. FEDERAL HWY. STE. 1
City-St-Zip: BOCA RATON, FL 33432

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:

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: HANNA TICHY DT 06/15/2009

Electronic Signature of Signing Officer or Director — Date