


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

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90049 032 \*\*\*\*61.25

DOCUMENT # N99000003580			
1. Entity Name MEADOW LAKE AND DAM ASSOCIATION, INC.			
Principal Place of Business 4679 MEADOW LAKE DRIVE CRESTVIEW FL 32539		Mailing Address 4679 MEADOW LAKE DRIVE CRESTVIEW FL 32539	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3582791		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUTLER, CARLEAN V 4679 MEADOW LAKE DRIVE CRESTVIEW FL 32539		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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BURKART, JOSEPH 4815 MEADOW LAKE DR CRESTVIEW FL 32539-6376 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB Lingenfelter, Charles 748 St. John Cove Niceville FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMASTERS, JACK R 4807 MEADOW LAKE DR CRESTVIEW FL 32539-6376 <input 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	VP COFFIELD, PAMELA 4693 MEADOW LAKE DR CRESTVIEW FL 32539-6376 <input 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	T BUTLER, BILLY 4679 MEADOW LAKE DR CRESTVIEW FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Burkart, Joseph 4815 Meadow Lake Drive Crestview FL 32539-6376 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD COBB, BILLY 4671 MEADOW LAKE DR CRESTVIEW FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Butler, Billy 4679 Meadow Lake Drive Crestview FL 32539-6376 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOONEYBARGER, CHARLES 4809 MEADOW LAKE DR CRESTVIEW FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwards, Rufus 4665 Meadow Lake Drive Crestview FL 32539-6376 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1, subsection (3)(f), 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: *Carlean Butler* Carlean Butler 2/04/04 (850) 689-0265