

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003580

FILED
Jul 27, 2005
Secretary of State

Entity Name: MEADOW LAKE AND DAM ASSOCIATION, INC.

Current Principal Place of Business:

4679 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

Current Mailing Address:

4679 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

FEI Number: 59-3582791 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:

BUTLER, CARLEAN V
4679 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

BURKART, JOSEPH W
4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539 US

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: JOSEPH W BURKART

07/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: LINGERFELTER, CHARLES
Address: 748 ST. JOHN COVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: MCMASTERS, JACK R
Address: 4807 MEADOW LAKE DR
City-St-Zip: CRESTVIEW, FL 325396376

Title: VP () Delete
Name: COFFIELD, PAMELA
Address: 4693 MEADOW LAKE DR
City-St-Zip: CRESTVIEW, FL 325396376

Title: T () Delete
Name: BURKART, JOSEPH
Address: 4815 MEADOW LAKE DRIVE
City-St-Zip: CRESTVIEW, FL 325396376

Title: BOD () Delete
Name: BUTLER, BILLY
Address: 4679 MEADOW LAKE DRIVE
City-St-Zip: CRESTVIEW, FL 325396376

Title: BOD () Delete
Name: EDWARDS, RUFUS
Address: 4665 MEADOW LAKE DR
City-St-Zip: CRESTVIEW, FL 325396376

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH W BURKART

TREA

07/27/2005

Electronic Signature of Signing Officer or Director

Date