
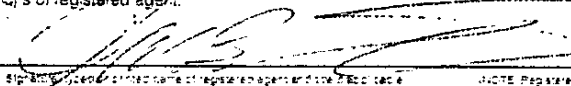



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90003 013 ****61.25

DOCUMENT # N99000003580					
1. Entity Name MEADOW LAKE AND DAM ASSOCIATION, INC.					
Principal Place of Business 4815 MEADOW LAKE DRIVE CRESTVIEW, FL 32539			Mailing Address 4815 MEADOW LAKE DRIVE CRESTVIEW, FL 32539		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3582791	
6. Name and Address of Current Registered Agent BURKART, JOSEPH W 4815 MEADOW LAKE DRIVE CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Numbers Not Acceptable)				Street Address (P.O. Box Numbers Not Acceptable)	
City				City	
State				State	
Zip Code				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  1/28/06					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGERFELTER, CHARLES		NAME		
STREET ADDRESS	748 ST. JOHN COVE		STREET ADDRESS		
CITY-STATE-ZIP	NICEVILLE, FL 32578		CITY-STATE-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMASTERS, JACK R		NAME		
STREET ADDRESS	4807 MEADOW LAKE DR		STREET ADDRESS		
CITY-STATE-ZIP	CRESTVIEW, FL 325396376		CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIELD, PAMELA		NAME		
STREET ADDRESS	4693 MEADOW LAKE DR		STREET ADDRESS		
CITY-STATE-ZIP	CRESTVIEW, FL 325396376		CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKART, JOSEPH		NAME		
STREET ADDRESS	4815 MEADOW LAKE DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	CRESTVIEW, FL 325396376		CITY-STATE-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, BILLY		NAME		
STREET ADDRESS	4679 MEADOW LAKE DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	CRESTVIEW, FL 325396376		CITY-STATE-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, RUFUS		NAME		
STREET ADDRESS	4665 MEADOW LAKE DR		STREET ADDRESS		
CITY-STATE-ZIP	CRESTVIEW, FL 325396376		CITY-STATE-ZIP		
12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained 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 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:  1/29/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

00011117



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3582791

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2006

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	COB	<input type="checkbox"/> Delete
NAME	LINGERFELTER, CHARLES	
STREET ADDRESS	748 ST. JOHN COVE	
CITY-STATE-ZIP	NICEVILLE, FL 32578	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCMASTERS, JACK R	
STREET ADDRESS	4807 MEADOW LAKE DR	
CITY-STATE-ZIP	CRESTVIEW, FL 325396376	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COFFIELD, PAMELA	
STREET ADDRESS	4693 MEADOW LAKE DR	
CITY-STATE-ZIP	CRESTVIEW, FL 325396376	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURKART, JOSEPH	
STREET ADDRESS	4815 MEADOW LAKE DRIVE	
CITY-STATE-ZIP	CRESTVIEW, FL 325396376	
TITLE	BOD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, BILLY	
STREET ADDRESS	4679 MEADOW LAKE DRIVE	
CITY-STATE-ZIP	CRESTVIEW, FL 325396376	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	EDWARDS, RUFUS	
STREET ADDRESS	4665 MEADOW LAKE DR	
CITY-STATE-ZIP	CRESTVIEW, FL 325396376	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained 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 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:  1/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #