## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000012874

MEADOWBROOK PARK ASSOCIATES, INC.



**FILED** Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

3625 MEADOWBROOK DR. FT. MYERS, FL 33901 US Mailing Address

1266 FIRST STREET SUITE 8 SARASOTA, FL 34236



## DO NOT WRITE IN THIS SPACE

01052006 CR2E034 (11/05) No Chg-P

4. FEI Number 36-3953232

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISTLER, RICHARD 1266 FIRST STREET SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE		
3. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	Office or I	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signatule, typed or printed name of registered agent and title	d'applicable (NOTE Registered Ar	eni signalur	required when reinstaing)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financir     Trust Fund Contribution.	<sup>18</sup> 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME SIREET ADDRESS CITY-SI- 3P	P KISTLER, RICHARD L 1266 FIRST ST., SUITE 8 SARASOTA, FL D				
NAME STREET ADDRESS CITY-ST-ZIP	ROSNER, JAMES C 45 PROGRESS PARKWAY MARYLAND HGTS, MO				000000455904 09/16/06 8000 <b>7-011 158.75</b>
TITLE NAME STREET ADDRESS CATY-ST-ZIP	D SAENGER, LEO C JR. 12412 POWERS CT DR. #150 SAINT LOUIS, MO 63141			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	S REITER, MARY F 1266 FIRST ST SUITE 8 SARASOTA, FL 34236			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS					

12. I hereby certify that the information supplied 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 it made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKOMING OFFICER OR DIRECTOR

3/4/06 Data