


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90014 047 \*\*\*150.00

<b>DOCUMENT # P98000057139</b>	
1. Entity Name <b>MEADOWS PRESERVATION, INC.</b>	

Principal Place of Business <b>2555 PGA BOULEVARD PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>2555 PGA BOULEVARD LOT 309 PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2555 PGA Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Lot # 373</b>
City & State	City & State <b>Palm Beach Gardens, FL</b>
Zip	Zip <b>33410</b>
Country	Country <b>Palm Beach</b>



01062008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0860249** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent <b>CHIN-LENN, NATALIE 2300 PALMBEACH LAKESBLVD STE 308 WEST PALM BEACH, FL 33409</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GATKE, BOB 255 PGA BLVD #455 PALM BEACH GARDENS, FL 33410</b> <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	<b>ST RICE, ELLAN 2555 PGA BLVD #309 PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST Balducci, Frances 2555 PGA Blvd. # 373 Palm Beach Gardens, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP FLYNN, JACK 2555 PGA BLVD #185 PALM BEACH GARDENS, FL 33410</b> <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	<b>D DELACEY, LIONEL 2555 PGA BLVD PALM BEACH GARDENS, FL 33410</b> <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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.

**SIGNATURE:** Frances Balducci **561-373-8683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #