# 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 722380** 

Entity Name: MEADOWLEA IMPROVEMENT ASSOCIATION, INC.

FILED
May 21, 2021
Secretary of State
0102439249CC

## **Current Principal Place of Business:**

1 LEISURE WORLD DRIVE SOUTH

DEBARY, FL 32713

### **Current Mailing Address:**

1 LEISURE WORLD DRIVE SOUTH DEBARY, FL 32713 US

FEI Number: 59-1424875 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

STAGE, BARBARA BILLIOT ESQ. 7635 ASHLEY PARK COURT SUITE 503 ORLANDO, FL 32835 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: BARBARA BILLIOT STAGE ESQ 05/21/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleVP, DIRECTORNameSULLIVAN, DAVENameSTANFORD, LORI

Address 1 LEISURE WORLD DRIVE SOUTH Address 1 LEISURE WORLD DRIVE SOUTH

City-State-Zip: DEBARY FL 32713 City-State-Zip: DEBARY FL 32713

Title TREASURER Title SECRETARY, DIRECTOR

Name DEBBIE, SOBOLEWSKI Name COZAD, LINDA

Address 1 LEISURE WORLD DRIVE SOUTH Address 1 LEISURE WORLD DRIVE SOUTH

City-State-Zip: DEBARY FL 32713 City-State-Zip: DEBARY FL 32713

Title DIRECTOR, PLANNING Title DIRECTOR, MARINA
Name FINN, JEFF Name DILLARD, TERRY

Address 1 LEISURE WORLD DRIVE SOUTH Address 1 LEISURE WORLD DRIVE SOUTH

City-State-Zip: DEBARY FL 32713 City-State-Zip: DEBARY FL 32713

Title DIRECTOR, GROUNDS Title DIRECTOR, SECURITY

Name BATTENS, ROBERT Name CRONEY, STEVE

Address 1 LEISURE WORLD DRIVE SOUTH Address 1 LEISURE WORLD DRIVE SOUTH

City-State-Zip: DEBARY FL 32713 City-State-Zip: DEBARY FL 32713

#### Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE SOBOLEWSKI TREASURER

Electronic Signature of Signing Officer/Director Detail

05/21/2021 Date

## Officer/Director Detail Continued:

Title DIRECTOR, SOCIABLES Title DIRECTOR, RECREATION

Name HALCOMBE, SHARON Name MILLER, RYAN

Address 1 LEISURE WORLD DRIVE SOUTH Address 1 LEISURE WORLD DRIVE SOUTH

City-State-Zip: DEBARY FL 32713 City-State-Zip: DEBARY FL 32713