

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 737658

**Entity Name:** MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202

**FEI Number:** 59-1749409

**Certificate of Status Desired:** No

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

ALLURE PROPERTY MANAGEMENT, INC.  
9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DISCOUNT, GENEVIEVE  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SD  
Name BROUDER, KATHY  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PD  
Name REDFORD, LEN  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TD  
Name NESMITH, LINDA  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VPD  
Name KRIER, BARBARA  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** LEN REDFORD

**PRES**

**03/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date