I hereby certify that the information indicated on this report or supplemental report is true and accurate and oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this		
above, or on an attachment with all other like empowered.		
SIGNATURE MATHEW D. WILSON	ASST SECRETARY	03/08/2021

SIGNATURE: MATHEW D. WILSON

Electronic Signature of Signing Officer/Director Detail

## **DOCUMENT# 737658** Entity Name: MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

9031 TOWN CENTER PARKWAY LAKEWOOD RANCH, FL 34202

#### **Current Mailing Address:**

9031 TOWN CENTER PARKWAY LAKEWOOD RANCH. FL 34202 US

#### FEI Number: 59-1749409

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

ADVANCED MANAGEMENT 9031 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.

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SIGNATURE:	DOUGLAS WILSON			03/08/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	ASST. SECRETARY	
Name	DISCOUNT, GENEVIEVE	Name	WILSON, MATHEW D.	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWA	Y
City-State-Zip:	LAKEWOOD RANCH FL 34202	City-State-Zip:	LAKEWOOD RANCH FL 34202	
Title	SECRETARY	Title	TREASURER	
Name	SMITH, DEBORAH	Name	MARIS, ATMA	
Address	9031 TOWN CENTER PARKWAY	Address	9031 TOWN CENTER PARKWA	Y
City-State-Zip:	LAKEWOOD RANCH FL 34202	City-State-Zip:	LAKEWOOD RANCH FL 34202	

Certificate of Status Desired: No

### FILED Mar 08, 2021 Secretary of State 2698988160CC

ASST. SECRETARY