

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737658

Entity Name: MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.**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**Certificate of Status Desired:** No**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.***SIGNATURE:** DOUGLAS WILSON

03/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DISCOUNT, GENEVIEVE
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name SMITH, TOM
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Title ASST. SECRETARY
Name WILSON, DOUGLAS
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name TURCONI, BETH
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name SCHMIDT, DOROTHY
Address 9031 TOWN CENTER PARKWAY
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT
Name SHEPARD, KEN
Address 9031 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: WILSON, DOUGLAS

ASST. SECRETARY

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date