

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737658

Entity Name: MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5516 BURNT BRANCH CIR
SARASOTA, FL 34232**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.
5516 BURNT BRANCH CIR
SARASOTA, FL 34232 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	5516 BURNT BRANCH CIRCLE
City-State-Zip:	SARASOTA FL 34232

Title	SD
Name	BROUDER, KATHY
Address	5516 BURNT BRANCH CIRCLE
City-State-Zip:	SARASOTA FL 34232

Title	PD
Name	REDFORD, LEN
Address	5516 BURNT BRANCH CIRCLE
City-State-Zip:	SARASOTA FL 34232

Title	TD
Name	NESMITH, LINDA
Address	5516 BURNT BRANCH CIRCLE
City-State-Zip:	SARASOTA FL 34232

Title	VPD
Name	KRIER, BARBARA
Address	5516 BURNT BRANCH CIRCLE
City-State-Zip:	SARASOTA FL 34232

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**PRESIDENT****02/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date