

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N25680

**Entity Name:** MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.

**Current Principal Place of Business:**

324 PINE BREEZE DRIVE  
EDGEWATER, FL 32141

**Current Mailing Address:**

319 PINE BREEZE DR.  
EDGEWATER, FL 32141 US

**FEI Number: 59-3052047**

**Certificate of Status Desired: No**

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

KELLY, JOHN W  
319 PINE BREEZE DR.  
EDGEWATER, FL 32141 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:** JOHN W. KELLY

04/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KELLY, JOHN WILLIAM  
Address        319 PINE BREEZE DRIVE.  
City-State-Zip: EDGEWATER FL 32141

Title           SECRETARY  
Name           KELLY, JOHN  
Address        319 PINE BREEZE DR.  
City-State-Zip: EDGEWATER FL 32141

Title           VP  
Name           ECKERT , HENRIETTA  
Address        308 PINE BREEZE DRIVE  
City-State-Zip: EDGEWATER FL 32141

Title           PRESIDENT  
Name           CALABRESE, NAOMI  
Address        324 PINE BREEZE DRIVE  
City-State-Zip: EDGEWATER FL 32141

Title           DIRECTOR  
Name           MULLEN, DIANA  
Address        320 PINE BREEZE  
City-State-Zip: EDGEWATER FL 32141

Title           DIRECTOR  
Name           COLARUSSO, SAL  
Address        235 MEADOW LAKE DRIVE  
City-State-Zip: EDGEWATER FL 32141

Title           DIRECTOR  
Name           ETIENNE, THOMAS  
Address        226 MEADOW LAKE DRIVE  
City-State-Zip: EDGEWATER FL 32141

Title           DIRECTOR  
Name           PATTON, BILLY  
Address        209 MEADOW LAKE DRIVE  
City-State-Zip: EDGEWATER FL 32141

*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:** JOHN W KELLY

**SECRETARY/TREASURER** 04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date