

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25680

FILED
Jan 10, 2017
Secretary of State
CC9701164711

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

01/10/2017

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

Title SECRETARY
Name MULLEN, DIANE
Address 314 PINE BREEZE DRIVE
City-State-Zip: EDGEWATER FL 32141

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

Title DIRECTOR
Name THOMAS, ELKE
Address 227 MEADOW LAKE DRIVE
City-State-Zip: EDGEWATER FL 32141

Title DIRECTOR
Name HALVIS, NICK
Address 331 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 MACKIEWICZ, SCOTT
Address 310 PINE BREEZE DR.
City-State-Zip: EDGEWATER FL 32141

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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

TREASURER

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NICKERSON, GEORGE
Address 220 MEADOW LAKE DRIVE
City-State-Zip: EDGEWATER FL 32141