

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26353

Entity Name: MEADOWLAKE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2 MEADOWLAKE CIR. S.
LAKE PLACID, FL 33852-7077

Current Mailing Address:

2 MEADOWLAKE CIR. S.
LAKE PLACID, FL 33852-7077 US

FEI Number: 59-2947173

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HORNE, VENDA
21 MEADOWLAKE CIRCLE NORTH
LAKE PLACID, FL 33852 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: VENDA HORNE

02/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HORNE, VENDA
Address 21 MEADOWLAKE CIR N
City-State-Zip: LAKE PLACID FL 33852-7075

Title VP
Name SMITH, PATRICK
Address 7 MEADOWLAKE DRIVE
City-State-Zip: LAKE PLACID FL 33852-7077

Title DIRECTOR
Name ROHRBACHER, JOANNE
Address 4 MEADOWLAKE CIRCLE NORTH
City-State-Zip: LAKE PLACID FL 33852

Title SECRETARY
Name BURGE, VALARIE
Address 13 MEADOWLAKE CIRCLE NORTH
City-State-Zip: LAKE PLACID FL 33852

Title TREASURER
Name GOODYEAR, ED
Address 42 MEADOWLAKE CIRCLE SOUTH
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name KOUKOS, PAUL
Address 10 MEADOWLAKE DRIVE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name CHAPMAN, CLIFFORD
Address 11 MEADOWLAKE CIRCLE NORTH
City-State-Zip: LAKE PLACID FL 33852

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: VENDA HORNE

PRESIDENT

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date