

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26353

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC8995585753**

**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:** No

**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

01/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIAZ, JUAN  
Address        10 MEADOWLAKE CIR S  
City-State-Zip: LAKE PLACID FL 33852-7075

Title            VP  
Name            ROHRBACHER, JOANNE  
Address        4 MEADOWLAKE CIRCLE N  
City-State-Zip: LAKE PLACID FL 33852-7077

Title            TREASURER  
Name            DENNING, KAREN  
Address        24 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            DIRECTOR  
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:** KAREN DENNING

**TREASURER**

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date