

Jason Kander Secretary of State  
 2014 ANNUAL REGISTRATION REPORT  
 NONPROFIT

**N00034028**  
**Date Filed: 8/27/2014**  
**Jason Kander**  
**Missouri Secretary of State**

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2014

**N00034028**  
 MEADOW RIDGE RECREATIONAL CORPORATION  
 JOHN BRADFORD GOSS  
 120 SOUTH CENTRAL AVENUE, SUITE 700  
 CLAYTON MO 63105

ORGANIZED UNDER THE LAWS OF:  
Missouri

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PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

4716 Kelly Kris Ct. (Required)

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STREET  
St. Charles, MO MO 63304

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CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent  
 IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
A		B	
<u>PRESIDENT</u>	Caup, Orville 1274 Stephenridge Drive STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>	<u>NAME</u>	Caup, Orville 1274 Stephenridge Drive STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>
<u>SECRETARY</u>	Marcos, Brenda 336 Shirley Ridge Drive STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>	<u>NAME</u>	Kuehner, Ted 40 Dugan Court STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>
		<u>NAME</u>	Schlum, John 1337 Robertridge Drive STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>
		<u>NAME</u>	Grisvard, Rita 1252 Shirley Ridge Drive STREET CITY/STATE/ZIP <u>St. Charles MO 63304</u>

THE NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.

4 Authorized party or officer sign here: Brad Goss (Required)

Please print name and title of signer: Brad Goss / Other  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \$10.00 if filed on or before 8/31/2014  
 \$15.00 if filed after 9/30/2014

Corporation will be administratively dissolved if report is not filed by 11/29/2015

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

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OFFICERS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	BOARD OF DIRECTORS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).								
STREET CITY/STATE/ZIP	<table> <tr> <td data-bbox="812 651 1055 735"><u>DIR.</u> STREET CITY/STATE/ZIP</td> <td data-bbox="1055 651 1559 735">Platton, John 1292 Stephenridge Drive St. Charles MO 63304</td> </tr> <tr> <td data-bbox="812 808 1055 892"><u>DIR.</u> STREET CITY/STATE/ZIP</td> <td data-bbox="1055 808 1559 892">Marcos, Brenda 336 Shirley Ridge Drive St. Charles MO 63304</td> </tr> <tr> <td data-bbox="812 966 1055 1050"><u>DIR.</u> STREET CITY/STATE/ZIP</td> <td data-bbox="1055 966 1559 1050">Booth, Derry 332 Shirley Ridge Drive St. Charles MO 63304</td> </tr> <tr> <td data-bbox="812 1123 1055 1207"><u>DIR.</u> STREET CITY/STATE/ZIP</td> <td data-bbox="1055 1123 1559 1207">Braun, Drew 323 Shirley Ridge Drive St. Charles MO 63304</td> </tr> </table>	<u>DIR.</u> STREET CITY/STATE/ZIP	Platton, John 1292 Stephenridge Drive St. Charles MO 63304	<u>DIR.</u> STREET CITY/STATE/ZIP	Marcos, Brenda 336 Shirley Ridge Drive St. Charles MO 63304	<u>DIR.</u> STREET CITY/STATE/ZIP	Booth, Derry 332 Shirley Ridge Drive St. Charles MO 63304	<u>DIR.</u> STREET CITY/STATE/ZIP	Braun, Drew 323 Shirley Ridge Drive St. Charles MO 63304
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