


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90004 014 ****70.00

DOCUMENT # 739758
 1. Entity Name
MEED HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 3825 MEAD DRIVE SO
 LAKE WORTH, FL 33467

Mailing Address
 3825 MEAD DRIVE SO
 LAKE WORTH, FL 33467

44010337



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2046155	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~POSEN, DONALD E~~
 3816 MATCH ROAD
 LAKE WORTH, FL 33467

BOURNS, LAWRENCE
7532 DEUCE LANE
LAKE WORTH, FL 33467

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Samuel R. Burn* (NOTE: Registered Agent signature required when reinstating)

DATE: *2/9/04*

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSEN, DONALD E 3816 MATCH ROAD LAKE WORTH, FL 33467	PD <i>BOURNS, LAWRENCE</i> <i>7532 DEUCE LANE</i> <i>LAKE WORTH, FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAIL, MYRON 3845 MATCH ROAD LAKE WORTH, FL 33467	VD <i>GOLDMAN, MARTIN</i> <i>3826 SERVICE CT</i> <i>LAKE WORTH FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDMAN, MARTIN S. 3826 SERVICE COURT LAKE WORTH, FL 33467	TD <i>WILLIAMS, JOHN</i> <i>7501 AGE RD, N</i> <i>LAKE WORTH, FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JOHN S 7501 AGE RD N LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin S. Goldman* **MARTIN S. GOLDMAN** *FEB 7, 2004* *561-439-4130*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #