

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90076 004 ****61.25

DOCUMENT # 755198

1. Entity Name
THE MEADOWS ASSOCIATION, INC.



Principal Place of Business
**1250 H CHENEY HIGHWAY
TITUSVILLE, FL 32780-6355**

Mailing Address
**1250 H CHENEY HIGHWAY
TITUSVILLE, FL 32780-6355**

24083147



08182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2099212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIDSON, JUANITA
1250 H CHENEY HWY
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 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
DAVIDSON, JUANITA
1250 H CHENEY HWY
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
GRISHAM, FRANK
1250 H. CHENEY HWY
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Sec
BOONE, CAROLYN M
1250 H. CHENEY HWY
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Judith Hedges TTD
1250 H. Cheney Hwy
Titusville, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juanita Davidson **Juanita Davidson** 8/30/04 321-383-0003