


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 755198 1. Entity Name THE MEADOWS ASSOCIATION, INC.	
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Principal Place of Business 1250 H CHENEY HIGHWAY TITUSVILLE, FL 32780-6355	Mailing Address 1250 H CHENEY HIGHWAY TITUSVILLE, FL 32780-6355
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04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2099212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PAULK, BONNIE 1250 CHENEY HWY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINK, PATRICIA 1250 H CHENEY HWY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTD BOONE, CAROLYN 1250 H. CHENEY HWY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748051
05/17/07-80048-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carolyn Boone Trana* **4/25/07 321-747-0255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #