


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 033 ****61.25

DOCUMENT # 755426

1. Entity Name
MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**MEADOWLARK COVE
 FORT MYERS, FL 33908 US**

Mailing Address
**BRAID ASSOCIATION MANAGEMENT
 4489 WINDJAMMER LANE
 FORT MYERS, FL 33919 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2121703

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRAID ASSOCIATION MANAGEMENT
 4489 WINDJAMMER LANE
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOGT, BRADY 11936 QUAIL RUN DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATHY O'ROURKE - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10935 MEADOWLARK COVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, REGINA 11892 QUAIL RUN DR. FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANCIONI, DEG 11916 QUAIL QUN DR FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGONESS, TONY 10943 MEADOW ARK COVE DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.R.E.G. TONY RAGONESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10943 MEADOWLARK COVE FT. MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOONSTRA, JIM 10845 MEADOWLARK COVE LN. FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tony Ragoness* *By Edward Powell, CA* 6/26/06 239-489-2209

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