


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 030 ****61.25

40016071



DOCUMENT # 768297					
1. Entity Name MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 520634 LONGWOOD, FL 32752			Mailing Address P.O. BOX 520634 LONGWOOD, FL 32752		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEWART, DEBRA V 605 S WILDFLOWER CT LONGWOOD, FL 32750			Name <u>Gloria Fulco</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>998 Wildflower Way</u>		
			City <u>Longwood</u> FL Zip Code <u>32750</u>		
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 <u>Gloria Fulco</u> 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 May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCO, GLORIA		NAME		
STREET ADDRESS	998 WILDFLOWER WAY		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEE, LINDA		NAME		
STREET ADDRESS	344 E RIDGEWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUA, PHIL		NAME	Susan Krull	
STREET ADDRESS	986 WILDFLOWER WAY		STREET ADDRESS	993 Wildflower Way	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood FL 32750	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JANIS		NAME		
STREET ADDRESS	616 WILDFLOWER WAY		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, JOYCE		NAME	Mary Jane Judge	
STREET ADDRESS	3050 MARKHAM WOODS RD		STREET ADDRESS	981 Wildflower Way	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	Longwood FL 32750	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DEBRA V		NAME		
STREET ADDRESS	605 S WILDFLOWER CT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
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: <u>Linda Mee</u>		Linda MEE		Date: 1-31-05 (407)339-9930x3	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	