


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90187 009 ****61.25

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 200 N. Denning Drive	3. Mailing Address 200 N. Denning Drive
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
City & State Winter Park, FL	City & State Winter Park, FL 32789
Zip 32789	Zip 32789
Country Orange	Country Orange

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FULCO, GLORIA
 998 WILDFLOWER WAY
 LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name
Judi Carey

Street Address (P.O. Box Number is Not Acceptable)
200 N. Denning Drive

Suite 2

City
Winter Park, FL

Zip Code
32789

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	P FULCO, GLORIA 998 WILDFLOWER WAY LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Taylor, David 996 Wildflower Way Longwood, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEE, LINDA 344 E RIDGEWOOD ST ALTAMONTE SPRINGS, FL 32701	<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 KROLL, SUSAN 993 WILDFLOWER WAY LONGWOOD, FL 32750	<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 WILLIAMS, JANIS 616 WILDFLOWER WAY LONGWOOD, FL 32750	<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 JUDGE, MARY JANE 981 WILDFLOWER WAY LONGWOOD, FL 32750	<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		<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: *Judi Carey* **Judi Carey** **4/27/06** **407-644-3242**

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