

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 041 ****61.25

DOCUMENT # 768297



1. Entity Name
MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
200 N DENNING DRIVE
SUITE 2
WINTER PARK, FL 32789

Mailing Address
200 N DENNING DRIVE
SUITE 2
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #
1122 Ayrshire ST
Suite, Apt. #, etc.

3. Mailing Address
1122 Ayrshire ST
Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State
Orlando, FL

City & State
ORLANDO, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

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

6. Name and Address of Current Registered Agent

CAREY, JUDI
200 N. DENNING DRIVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name **CAREY, JUDI**
Street Address (P.O. Box Number is Not Acceptable)
1122 Ayrshire Street
City **ORLANDO** **FL** Zip Code **32803**

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 May 1, 2008

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

TITLE **P** ☐ Delete
NAME **TAYLOR, DAVID**
STREET ADDRESS **996 WILDFLOWER WAY**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **S** ☐ Delete
NAME **KROLL, SUSAN**
STREET ADDRESS **993 WILDFLOWER WAY**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete
NAME **WILLIAMS, JANIS**
STREET ADDRESS **616 WILDFLOWER WAY**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete
NAME **JUDGE, MARY JANE**
STREET ADDRESS **981 WILDFLOWER WAY**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **T** ☐ Delete
NAME **MORALES, GERARDO**
STREET ADDRESS **685 WILDFLOWER CT N**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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, LCAM* **JUDI CAREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 **407-898-1672**
Date Daytime Phone #