

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003925

**FILED**  
**Jan 20, 2004**  
**Secretary of State**

**Entity Name:** MEADOWS OF ASTATULA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2561 W ORANGE BLOSSOM TR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

2561 W ORANGE BLOSSOM TR  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 27-0057103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLAY, MAUREEN E  
2561 W ORANGE BLOSSOM TR  
APOPKA, FL 32712

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MCLAY, MAUREEN E  
Address: 2561 W ORANGE BLOSSOM TR  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: TROCINO, LINDA  
Address: 2561 W ORANGE BLOSSOM TR  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: FERNANDEZ, LILIAM  
Address: 1440 JOHN F KENNEDY CAUSEWAY STE 301  
City-St-Zip: N BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN E. MCLAY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PST

01/20/2004

\_\_\_\_\_  
Date