2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000003925

1. Entity Name
MEADOWS OF ASTATULA HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25115 ALAMANDA DRIVE ASTATULA, FL 34705	25115 ALAMANDA DRIVE ASTATULA, FL 34705

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP   CR2E037 (4/06)

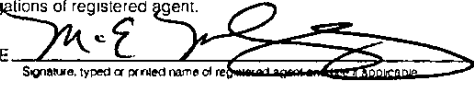| 4. FEI Number	Applied For
27-0057103	Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAY, MAUREEN E
25115 ALAMANDA DRIVE
ASTATULA, FL 34705

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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 _____   DATE 1/4/07
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000578969
01/09/07-80051-003 61.25

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MCLAY, MAUREEN E
STREET ADDRESS	25115 ALAMANDA DRIVE
CITY-ST-ZIP	ASTATULA, FL 34705

TITLE	D
NAME	TROCINO, LINDA
STREET ADDRESS	25115 ALAMANDA DRIVE
CITY-ST-ZIP	ASTATULA, FL 34705

TITLE	D
NAME	FERNANDEZ, LILIAM
STREET ADDRESS	1440 JOHN F KENNEDY CAUSEWAY STE 301
CITY-ST-ZIP	N BAY VILLAGE, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/4/08   352-343-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #