2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N06578

Entity Name: MCINTOSH MEADOWS ASSOCIATION, INC.

Current Principal Place of Business:

4292 PRAIRIE VIEW DR S
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7116
SARASOTA, FL 342784116

New Mailing Address:

FEI Number: 59-2486489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAGASSE, JODIE
4292 PRARIE VIEW DR. S.
SARASOTA, FL 34232 US

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:	MS.	( ) Delete
Name:	LAGASSE, JODIE	
Address:	4292 PRAIRIE VIEW DR. S.	
City-St-Zip:	SARASOTA, FL 34232 US	
Title:	MS.	( ) Delete
Name:	JOHNSON, ANDREA	
Address:	4253 PRAIRIE VIEW DR. S.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MS.	( ) Delete
Name:	PINGEL, ANN	
Address:	4295 PRARIE VIEW DR. N.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MS	( ) Delete
Name:	BABBITT, WANDA	
Address:	4291 PRAIRIE VIEW DR S	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MR.	( ) Delete
Name:	PENNUTO, BOB	
Address:	4160 PRARIE VIEW DR. N	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MR.	(X) Delete
Name:	FLAUGHER, HAYDEN	
Address:	4290 PRAIRIE VIEW DR S	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MR	(X) Change ( ) Addition
Name:	FLAUGHER, HAYDEN	
Address:	4290 PRAIRIE VIEW DR. S.	
City-St-Zip:	SARASOTA, FL 34232	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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: JODIE LAGASSE MS 02/14/2006

Electronic Signature of Signing Officer or Director — Date