2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000454



May 02, 2007 8:00 am Secretary of State

FILED

1. Entity Nan MEADOV INC.		MANOR CONDOM	INIUM ASSOC	CIATION,				05-02-200	/ 90032 01	. 2 ************	1.23	
409 E COLLEGE AVE PO			Mailing Addres PO BOX 1056 RUSKIN, FL									
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0	1172007	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State			4.	4. FEI Number 59-3394930				oplied For of Applicable	
Zip		Country	Zip		Country	5.	Certificate of	Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					A)	7.	Name and A	ddress of New	Registered A	gent		
WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570						Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Cod		
8. The above the obligat	e named entity tions of regist	y submits this statement for tered agent.	or the purpose of ch	anging its regis	stered office o	r registered a	gent, or both,	in the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE												
	Signature, typeo	or printed name of registered agent	and live if approable.	(NOTE: Regi	istered Agent signat	ture required when	reinstating)		DATE			
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10.	Filing Fe	e is \$61.25	9. Eli Tri	ection Campaig ust Fund Contri	gn Financing	□ \$5 □ Add	.00 May Be led to Fees	1	Makë check orida Depart	ment of St	late	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR