
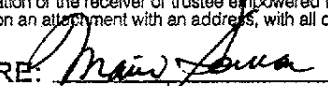


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004996				
1. Entity Name MEADOW LANDINGS HOMEOWNERS' ASSOCIATION, INC.				
Principal Place of Business % MORAN & ASSOCIATES, INC. 12460 S.W. 8TH STREET #202 MIAMI, FL 33184 US		Mailing Address % MORAN & ASSOCIATES, INC. 12460 S.W. 8TH STREET #202 MIAMI, FL 33184 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
6. Name and Address of Current Registered Agent				4. FEI Number 65-0792828
MORAN AND ASSOCIATES, INC. 12460 S.W. 8TH STREET #202 MIAMI, FL 33184				Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Name				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.
Street Address (P.O. Box Number is Not Acceptable)				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
City				FL Zip Code
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, MARIO		NAME	
STREET ADDRESS	13072 SW 151 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	U00000549925 05/13/06-80036-023 61.25
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, MARIA		NAME	
STREET ADDRESS	13866 SW 151 AVE.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, DAVID		NAME	
STREET ADDRESS	13981 SW 151 CT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALY, RICHARD		NAME	
STREET ADDRESS	14085 S.W. 149 PLACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ELIZABETH		NAME	
STREET ADDRESS	15030 S.W. 140 TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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; if 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: 			04/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	
Telephone #				