2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007361

FILED Apr 19, 2005 Secretary of State

Entity Name: MEADOW CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W SR 434 **SUITE 5000** LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3647428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR % SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition OLIVERI, JEFF Name: DALY MAUREEN Name: 2026 MEADOW POND WAY Address: 1916 MEADOW POND WAY Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: VPD () Delete Title: (X) Change () Addition ALICEA, EVELYN Name: ALICEA, EVELYN Name:

Address: 1741 MEADOW POND WAY Address: 2039 MEADOW POND WAY City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: () Delete Title: TD (X) Change () Addition

DALY, MAUREEN ALVELO, JOEL Name: Name: 1916 MEADOW POND WAY Address: Address: 13001 LILY POND CT City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: TD () Delete Title: SD (X) Change () Addition

Name: CLAVELL, EDUARDO Name: CLAVELL, EDUARDO 1762 MANDAVILLA DR. 1762 MANDAVILLA DR. Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: () Delete Title: (X) Change () Addition

ASENJO, PAUL COLON, CHARLIE Name: Name:

1728 MEADOW POND WAY 2003 MEADOW POND WAY Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

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: EVELYN ALICEA PD 04/19/2005