


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90559 020 \*\*\*\*61.25

<b>DOCUMENT # N02000001849</b> 1. Entity Name <b>HUNTCLIFF PARK AT MEADOW WOODS HOMEOWNERS, ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809</b>			Mailing Address <b>C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>57-1145553</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FURLOW, REBECCA 1633 E. VINE ST. #110 KISSIMMEE, FL 34744</b>			<b>Leland Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>8009 S. Orange Ave.</b> City <b>Orlando</b> FL Zip Code <b>32809</b>		
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 <u><i>Rebecca Furlow</i></u> <b>President</b> <span style="float: right;">4/14/5</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>TRUSSELL, GUY</b> <b>120 FAIRWAY WOODS BLVD</b> <b>ORLANDO, FL 32824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Michael Williams</b> <b>14763 Huntcliff Parkway</b> <b>Orlando, FL 32824</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>HAWKS, CANDICE H</b> <b>120 FAIRWAY WOODS BLVD</b> <b>ORLANDO, FL 32824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Beth A. Burch</b> <b>14769 Huntcliff Parkway</b> <b>Orlando, FL 32824</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>MORSE, CYNTHIA L</b> <b>120 FAIRWAY WOODS BLVD</b> <b>ORLANDO, FL 32824</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOT</b> <b>Maria L. Chambard</b> <b>14738 Huntcliff Parkway</b> <b>Orlando, FL 32824</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: <u><i>Michael Williams</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-26-05</b> <span style="float: right;"><b>407-812-8618</b></span> <small>Date Daytime Phone #</small>		