

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 017 \*\*\*\*61.25

**DOCUMENT # N26207**

1. Entity Name

MEADOWLEA ESTATES MOBILE HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

1029 LARKFIELD DRIVE  
DELAND FL 32724  
US

Mailing Address

1029 LARKFIELD DRIVE  
DELAND FL 32724  
US

2. Principal Place of Business

3156 PLANTERS POINT

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

Zip

Country

32724

Country

US

4. FEI Number

59-2894498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMaster, ARNOLD L  
1029 LARKFIELD DR  
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

RICHARD R. BOYLE

Street Address (P.O. Box Number is Not Acceptable)

3156 PLANTERS POINT RD.

City

DELAND

FL

Zip Code

32724

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

Richard R Boyle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME COUTURE, ROLAND  
STREET ADDRESS 931 MARCY DRIVE  
CITY-ST-ZIP DELAND FL 32724

TITLE VD ☒ Delete  
NAME BOYLE, RICHARD  
STREET ADDRESS 3136 PLANTERS POINT  
CITY-ST-ZIP DELAND FL 32724

TITLE TD ☒ Delete  
NAME COUTURE, REINETTE  
STREET ADDRESS 931 MARCY DRIVE  
CITY-ST-ZIP DELAND FL 32724

TITLE D ☒ Delete  
NAME CLAY, ROBERT  
STREET ADDRESS 1004 QUAIL DR  
CITY-ST-ZIP DELAND FL 32724

TITLE PD ☒ Delete  
NAME MCMaster, ARNOLD  
STREET ADDRESS 1029 LARKFIELD DR.  
CITY-ST-ZIP DELAND FL 32724

TITLE D ☒ Delete  
NAME STUCKEY, MARY  
STREET ADDRESS 931 QUAIL DR  
CITY-ST-ZIP DELAND FL 32724

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME BOYLE, RICHARD  
STREET ADDRESS 3156 PLANTERS POINT  
CITY-ST-ZIP DELAND FL 32724

TITLE VD ☒ Change ☐ Addition  
NAME WILLIAM LEDGETT  
STREET ADDRESS 3186 COUNTRY LANE  
CITY-ST-ZIP DELAND FL 32724

TITLE SD ☒ Change ☐ Addition  
NAME ARDIS AHLERS  
STREET ADDRESS 1021 ROBIN DR.  
CITY-ST-ZIP DELAND FL 32724

TITLE TD ☐ Change ☐ Addition  
NAME JOYCE RAMISEY  
STREET ADDRESS 1036 QUAIL DR.  
CITY-ST-ZIP DELAND FL 32724

TITLE D ☐ Change ☐ Addition  
NAME SAMI ROTH  
STREET ADDRESS 956 LARKFIELD DR.  
CITY-ST-ZIP DELAND FL 32724

TITLE D ☐ Change ☐ Addition  
NAME LUKE HERMAN  
STREET ADDRESS 3176 WATERS BEND DR.  
CITY-ST-ZIP DELAND FL 32724

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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; 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 Richard R Boyle 2/20/06 3:01 PM