

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007361

FILED  
Apr 06, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3647428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Title: VPD ( ) Delete  
Name: DALY, MAUREEN  
Address: 1916 MEADOW POND WAY  
City-St-Zip: ORLANDO, FL 32824

Title: PD ( ) Delete  
Name: ALICEA, EVELYN  
Address: 2039 MEADOW POND WAY  
City-St-Zip: ORLANDO, FL 32824

Title: TD ( ) Delete  
Name: ALVELO, JOEL  
Address: 13001 LILY POND CT  
City-St-Zip: ORLANDO, FL 32824

Title: SD ( ) Delete  
Name: CLAVELL, EDUARDO  
Address: 1762 MANDAVILLA DR.  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: COLON, CHARLIE  
Address: 1728 MEADOW POND WAY  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CRUZ, VIVIANA S  
Address: 1931 MEADOW POND WAY  
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date