## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002441

Apr 18, 2006 Secretary of State

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

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

8009 S. ORANGE AVE. ORLANDO, FL 328096711

**Current Mailing Address: New Mailing Address:** 

8009 S. ORANGE AVE ORLANDO, FL 328096711

FEI Number: 20-2484941 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:

C T CORPORATION SYSTEM LELAND MANAGEMENT 1200 SOUTH PINE ISLAND ROAD 8009 S ORANGE AVENUE PLANTATION, FL 33324 ORLANDO, FL 32809

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: REBECCA FURLOW 04/18/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

TRUSSELL, GUY MORSE, CYNTHIA Name: Name: Address:

120 FAIRWAY WOODS BOULEVARD Address: 120 FAIRWAY WOODS BOULEVARD ORLANDO, FL 32824 ORLANDO, FL 32824

City-St-Zip: City-St-Zip:

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

Name: JENKINS, MARCIA E Name: VIDRINE, ANDRE Address: 120 FAIRWAY WOODS BOULEVARD Address:

120 FAIRWAY WOODS BOULEVARD

City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: () Delete Title: DST (X) Change ( ) Addition MORSE, CYNTHIA L Name: MCFADDEN, TRACY Name:

120 FAIRWAY WOODS BOULEVARD 120 FAIRWAY WOODS BOULEVARD 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 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: CYNTHIA MORSE DP 04/18/2006