

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002441

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

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC9713817587**

**Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 US

**FEI Number: 20-2484941**

**Certificate of Status Desired: No**

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

MARTINEZ, DONNIE  
C/O BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ**

**01/13/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SANCHEZ, MANUEL  
Address C/O BLUE WATER COMMUNITY  
MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
City-State-Zip: SAINT CLOUD FL 34769

Title SECRETARY, TREASURER  
Name GATDULA, JETHRO  
Address C/O BLUE WATER COMMUNITY  
MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
City-State-Zip: SAINT CLOUD FL 34769

Title VP  
Name NIN, KARIM  
Address 4735 OLD CANOE CREEK ROAD  
City-State-Zip: ST. CLOUD FL 34769

*I hereby 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 all other like empowered.*

**SIGNATURE: MANUEL SANCHEZ**

**PRESIDENT**

**01/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date