



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90014 043 ****61.25

DOCUMENT # 722380 1. Entity Name MEADOWLEA IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business #2 LEISURE DR., S. DEBARY, FL 32713-9741			Mailing Address #2 LEISURE DR., S. DEBARY, FL 32713-9741		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02202006 Chg-NP CR2E037 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-1424875	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWSON, LORETTA #2 LEISURE DR., S. DEBARY, FL 32713-9741			7. Name and Address of New Registered Agent Name ANDERSEN Elizabeth Street Address (P.O. Box Number is Not Acceptable) #2 LEISURE DR., S. DEBARY City FL Zip Code 32713		
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 <i>Elizabeth Andersen</i> Elizabeth Andersen <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE 2-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESANTIS, GERTRUDE 161 MAPLE DR DEBARY, FL 32713	<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	VP GIAMPIETRA, FRANK 126 PINE TREE DR DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOSEY, ERIC 106 MOSS DR DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWLEY, LINDA 158 N LEISURE WORLD DRIVE DEBARY, FL 32713	<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	T DAWSON, LORETTA 129 CYPRESS DRIVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSEN, Elizabeth 157 CYPRESS DR DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVOIE, LOUIS 145 MAPLE AVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, LORRAINE 129 MAPLE DR DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSEY, ERIC 106 MOSS DRIVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, KEITH 150 N' LEISURE WORLD DR DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Gertrude DeSantis</i> Gertrude DeSantis, Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2-25-06 <small>Date Daytime Phone #</small>		