# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # 751981

1. Entity Name
MEADOW WOOD HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13833 WELLINGTON TRACE, E4<br>PMB #220<br>WELLINGTON, FL 33414 US | 13833 WELLINGTON TRACE, E4<br>PMB #220<br>WELLINGTON, FL 33414 US |

01312007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1989414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SILVESTRI, LAWRENCE
15180 MEADOW WOOD DRIVE
WELLINGTON, FL 33414

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PD |
| NAME | GILBERT, ROBERT |
| STREET ADDRESS | 15660 ROLLING MEADOW CIRCLE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | SD |
| NAME | SILVESTRI, LAWRENCE |
| STREET ADDRESS | 15180 MEADOW WOOD DRIVE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | TD |
| NAME | ELLIS, MARK |
| STREET ADDRESS | 1530 WOOD DALE TERR |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/08/07-80054-003 61.25

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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:** _____ MARK ELLIS 01/31/07 561-324-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #