## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#751981** 

FILED Apr 17, 2009 Secretary of State

Entity Name: MEADOW WOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
PMB #220	833 WELLINGTON TRACE, E4 //B #220 ELLINGTON, FL 33414 US			1928 LAKE	CIATED PROPE WORTH RD. RTH, FL 33461	ERTY MANAGEMENT US	
Current Mailing Address:				New Mailing Address:			
13833 WELLINGTON TRACE, E4 PMB #220 WELLINGTON, FL 33414 US				C/O ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US			
FEI Number: 5	59-1989414	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and					Address of Ne	w Registered Agent:	
HEIDLER LADWIG, PATTI 12765 W. FOREST HILL BLVD., SUITE 1312 WELLINGTON, FL 33414 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:							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete GILBERT, ROBERT 15660 ROLLING MEADOW CIRCLE WELLINGTON, FL 33414			Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TD () Delete PIERCE, MARK 15880 ROLLING MEADOWS CIR. WELLINGTON, FL 33414			Title: Name: Address: City-St-Zip:	VTD (X) Change ( ) Addition CAMERLINCK, ROBERT 15795 MEADOW WOOD DR WELLINGTON, FL 33414		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition KONIGSBERG, DANIEL 1495 WOOD DALE TERR WELLINGTON, FL 33414		
Title: Name: Address: City-St-Zip:	VPD () Delete CAMERLINCK, ROBERT 15795 MEADOW WOOD DR. WELLINGTON, FL 33414			Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BAXTER, DONNA 15940 MEADOW WOOD DR WELLINGTON, FL 33414		
Title: Name: Address: City-St-Zip:	D (X) I BAXTER, DONNA 15940 MEADOW WELLINGTON, F	WOOD DR.		Title: Name: Address: City-St-Zip:	() C	change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MATH, APM AGT 04/17/2009