

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 010 \*\*\*\*61.25



**DOCUMENT # 754842**  
 1. Entity Name  
**MEADOW KNOLL TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 1330 N W 13TH STREET UNIT #22 BOCA RATON FL 33486  
 1330 N W 13TH STREET UNIT #22 BOCA RATON FL 33486



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2178158** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEARD, PATRICIA**  
**1330 N.W. 13TH STREET #21**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEARD, PATRICIA 1330 N.W. 13TH ST. #21 BOCA RATON, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIO, ERIK 1330 NW 13TH STREET BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNELL, WILLIAM 1330 NW 13TH ST #14 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEEKS, JAMES 1330 NW 13TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	//	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIO, ERIK 1330 N.W 13th STREET #9 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLYNN, SHARON 1330 N.W. 13TH STREET #12 BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia Beard* PATRICIA BEARD, TREASURER 4/27/06 561-391-6911