

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90094 029 \*\*\*\*61.25

**DOCUMENT # 755198**

1. Entity Name  
**THE MEADOWS ASSOCIATION, INC.**



Principal Place of Business  
**1250 H CHENEY HIGHWAY  
TITUSVILLE, FL 32780-6355**

Mailing Address  
**1250 H CHENEY HIGHWAY  
TITUSVILLE, FL 32780-6355**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2099212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**DAVIDSON, JUANITA  
1250 H CHENEY HWY  
TITUSVILLE, FL 32780**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>DAVIDSON, JUANITA<br>1250 H CHENEY HWY<br>TITUSVILLE, FL 32780 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>PAULK, BONNIE<br>1250 CHENEY HWY<br>TITUSVILLE, FL 32780      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>ELIZARDE, ELENITA<br>1250 H CHENEY HWY<br>TITUSVILLE, FL 32780  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TTD<br>BOONE, CAROLYN<br>1250 H. CHENEY HWY<br>TITUSVILLE, FL 32780  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S Patricia Wink<br>1250 H Cheney Hwy<br>Titusville, FL 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** *Carolyn Boone Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/2006*  
Date

*321-747-0255*  
Daytime Phone #