2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755198

FILED Apr 19, 2009 Secretary of State

Entity Name: THE MEADOWS ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Principal Place of Business:			
	HENEY HIGHW LE, FL 327806		# H			
			TITUSVIILLE, FL 327			
Current M	lailing Addres	ss:	New Mailing Address:			
1250 H CHENEY HIGHWAY TITUSVIILLE, FL 327806355			1250 CHENEY HIGHWAY # H TITUSVIILLE, FL 327806355			
FEI Number	: 59-2099212	FEI Number Applied For() FE	I Number Not Applicable ()	Certificate of Status Desired ()		
Name and	l Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:		
1250 H CH	N, JUANITA HENEY HWY LE, FL 32780	US	DAVIDSON, JUANITA 1250 CHENEY HWY # H TITUSVILLE, FL 3278			
	e named entity s e of Florida.	submits this statement for the purpor	se of changing its registere	ed office or registered agent, or both,		
SIGNATUI	RE:			04/19/2009		
	Electror	nic Signature of Registered Agent		Date		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () DAVIDSON, JU 1250 H CHENE TITUSVILLE, FI	YHWY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () WINK, DENNIS 1250 CHENEY TITUSVILLE, FI	HWY #H	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () WINK, PATRIC 1250 H CHENE TITUSVILLE, FI	YHWY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TTD () BOONE, CARO 1250 H. CHENE TITUSVILLE, FI	EY HWY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () JENNER, PHILI 1250 CHENEY TITUSVILLE, FI	HWY #H	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () DIGORALANO, 1250 CHENEY TITUSVILLE, FI	HWY #H	Title: Name: Address: City-St-Zip:	() Change () Addition		
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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.

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SIGNATURE:	JUANITA R DAIVIDSON	PD	04/19/2009