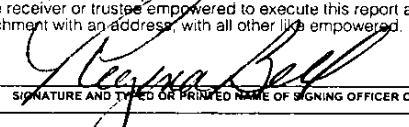


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 007 ****61.25

DOCUMENT # 755426 1. Entity Name MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MEADOWLARK COVE FORT MYERS, FL 33908 US			Mailing Address BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2121703	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE FORT MYERS, FL 33919				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)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD VOGT, BRADY 11936 QUAIL RUN DR FORT MYERS, FL 33908	☒ Delete	TITLE	VP PNICIP D. MINER 11816 QUAIL RUN DR FT. MYERS, FL 33908	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S LANCIONI, DEG 11916 QUAIL QUN DR FT MYERS, FL 33908	☐ Delete	TITLE	PD PENNY LYNN TREALOUT 14877 MEADOW LARK COVE LANE FT MYERS FL 33908	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P RAGONESS, TONY 10943 MEADOW ARK COVE DR FORT MYERS, FL 33908	☒ Delete	TITLE	D ROGINA BELL 11892 QUAIL RUN DR FT. MYERS FL 33908	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP O'ROURKE, KATHY 10935 MEADOWLARK COVE FORT MYERS, FL 33908	☒ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	

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01082007 Chg-NP CR2E037 (12/06)