2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # 758813 1. Entity Name MEADOWLANDS HOMEOWNERS' ASSOCIATION, INC.							04-14-2005	90097 ()09 ****6 <u>1</u>	25	
1810 MEADOWBEND DR. 18		1810	Mailing Address 1810 MEADOWBEND DR. LONGWOOD, FL 32750			40056642					
2. Principal Place of Business		3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02162005	Chg-NP	CR2E	037 (10/03)		
City & State		Cit	City & State			NOT ADDITIONAL FOR			oplied For		
Zip	Country	Zip	p	Cou	untry ₂		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Curre	nt Registere	ed Agent				7. Name and	Address of New	Registered	d Agent	•
CRAWFORD, HAZEL			Name								
	DOWBEND DRIVE OD, FL 32750			.as	Street A	ddress (P.O. Box Numbe	r is Not Accepta	ble)		
			₹.·	4							
					City	•			F	L Zip Cod	le
8. The above	named entity submits this statemen	t for the pure	and of shanning its				ad agent or hot	h in the State of			
	tions of registered agent.	it for the purp	lose of changing its	registere	ed office or	register	eo agent, or bot	n, in the State of	Florida. I ar	m familiar with,	, and accept
the obligat	tions of registered agent.	ictor the porp	iose of changing its	registere	ed office or	register	eo agent, or out	a, in the State of	Florida. I ar	n familiar with,	, and accept
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the obligat	lions of registered agent.			E: Registere mpaign F	od Agent signate			е	DATE Make che		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip

SIGNATURE

CITY-ST-ZIP

LONGWOOD, FL 32750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Daytime Phone #