2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 758813

Entity Name: MEADOWLANDS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1805 MEADOWBEND DR
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1805 MEADOWBEND DR
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, HAZEL
1805 MEADOWBEND DRIVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CRAWFORD, IAN D
Address: 1805 MEADOWBEND DR
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete
Name: CRAWFORD, HAZEL
Address: 1805 MEADOW BEND DR
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete
Name: ZIMMERMAN, DAVID
Address: 1817 MEADOW BEND DR
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete
Name: WEBSTER, JANE
Address: 1822 MEADOWBEND DR
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: CARTER, FRANK
Address: 1829 MEADOWBEND DR
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: WEBSTER, DAVID
Address: 1822 MEADOWBEND DR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: IAN D CRAWFORD VP 04/20/2009

Electronic Signature of Signing Officer or Director — Date