2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766324

FILED Apr 30, 2006 Secretary of State

| Entity Nar | ne: MEADOW | /LAND OWNERS ASSOCIATIC | N, INC. | | | | |
|---|---|---|---|--|------------------------------|-------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | | |
| P.O. BOX 2 SARASOT | 21382 A, FL 34276 | | | | | | |
| Current M | ailing Addres | s: | New Mailing Address: | | | | |
| P.O. BOX 2 SARASOT. | 21382 A, FL 34276 | | | | | | |
| FEI Number: | 59-2281280 | FEI Number Applied For () | FEI Number Not Appl | cable () Cert | tificate of Status Desired (|) | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of New | Registered Agent: | | |
| 4344 MEAI SARASOT. The above | , GREGORY DOWLAND CF A, FL 34233 named entity se of Florida. | R. US submits this statement for the pu | rpose of changing i | s registered office | or registered agent, or | both, | |
| SIGNATUR | | | | | | | |
| Electronic Signature of Registered Agen | | | nt | Date | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | TD () REED, CHRIS 4366 MEADOW SARASOTA, FL | | Title: Name: Address: City-St-Zip: | ()Char | ge () Addition | | |
| Title: Name: Address: City-St-Zip: | VD () SCHAEFFER, R 4359 MEADOW SARASOTA, FL | LAND CIR | Title: Name: Address: City-St-Zip: | PD (X) Char SCHAEFFER, ROBE 4359 MEADOWLAND SARASOTA, FL 342: | CIR | | |
| Title: Name: Address: City-St-Zip: | PD () NOWASKI, GRE 4344 MEADOW SARASOTA, FL | LAND CR. | Title: Name: Address: City-St-Zip: | D (X) Char NOWASKI, GREGOR 4344 MEADOWLAND SARASOTA, FL 342: | CR. | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | VP () Char SUCH, CHARLES 4339 MEADOWLAND SARASOTA, FL 342 | | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE REED TD 04/30/2006