

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768297

FILED
Mar 11, 2009
Secretary of State

Entity Name: MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1122 AYRSHIRE ST
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1122 AYRSHIRE ST
SUITE 2
ORLANDO, FL 32803 US

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:

CAREY, JUDI
122 AYRSHIRE ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CAREY, JUDI
1122 AYRSHIRE ST
ORLANDO, FL 32803 US

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:

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, DAVID
Address: 996 WILDFLOWER WAY
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: KROLL, SUSAN
Address: 993 WILDFLOWER WAY
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: WILLIAMS, JANIS
Address: 616 WILDFLOWER WAY
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: JUDGE, MARY JANE
Address: 981 WILDFLOWER WAY
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: MORALES, GERARDO
Address: 685 WILDFLOWER CT N
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:

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: JUDI CAREY

LCAM

03/11/2009

Electronic Signature of Signing Officer or Director

Date