

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/28/2006-90208-019-\$61.25-\$61.25

FILED

06 JUN -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001386 1. Entity Name MEADOW OAKS HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 882 JACKSON AVENUE WINTER PARK, FL 32789		Mailing Address 882 JACKSON AVENUE WINTER PARK, FL 32789	
2. Principal Place of Business PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765		3. Mailing Address PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765	
4. FEI Number 59-3639496		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRICKIN, ANDREA L 882 JACKSON AVENUE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Lilly Burnside do Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) PMB 345 4250 Alafaya Tr., Suite 212 City Oviedo	
FL		Zip Code 32765	
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 <u><i>Lilly L. Burnside</i></u>		DATE <u>5/9/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALL, GREGORY 1599 WOODWIND DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, TIMOTHY 1375 WOODWIND DRIVE APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, PATRICIA 1802 WOODSTONE DR APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, KARRIE 1570 PALMSTONE DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBONEAU, LINDSEY 1572 WOODSTONE DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHINSON, STEVE 1392 WOODWIND DR APOPKA, FL 32703	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Director James Harwood 1362 Woodwind Dr. Apopka, FL 32703		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		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: <u><i>Karrie Howard</i></u>		DATE: <u>5/29/06</u>	

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