2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# N00000001386

Entity Name: MEADOW OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PMB 345
4250 ALAFAYA TRAIL, SUITE 212
OVIDEA, FL 32765

New Principal Place of Business:

Current Mailing Address:

PMB 345
4250 ALAFAYA TRAIL, SUITE 212
OVIDEA, FL 32765

New Mailing Address:

FEI Number: 59-3639496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNSIDE, LILLY
RELIABLE PROPERTY MANAGERS
PMB 345, 4250 ALAFAYA TRAIL, SUITE 212
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TRAIL
SUITE 212-345
OVIEDO, FL 32765 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: CURTIS BURNSIDE 04/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MACDOUGALL, GREGORY
Address: 1599 WOODWIND DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: HARWOOD, JAMES
Address: 1362 WOODWIND DRIVE
City-St-Zip: APOPKA, FL 32703

Title: ST ( ) Delete
Name: ADAMS, PATRICIA
Address: 1602 WOODSTONE DR
City-St-Zip: APOPKA, FL 32703

Title: P ( ) Delete
Name: HOWARD, KARRIE
Address: 1570 PALMSTONE DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: CHARBONEAU, LINDSEY
Address: 1572 WOODSTONE DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: HUTCHINSON, STEVE
Address: 1392 WOODWIND DR
City-St-Zip: APOPKA, FL 32703

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: D (X) Change ( ) Addition
Name: TORRES, EDITH
Address: 1545 WOODWIND DRIVE
City-St-Zip: APOPKA, FL 32703

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

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: KARRIE HOWARD P 04/06/2007
Electronic Signature of Signing Officer or Director Date