2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # N0000002801 1. Entity Name MEADOW POINTE ASSOCIATION, INC.					04-15-2005 90083 028 ****6			51.25	
920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		 					
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312005	Chg-NP	CR2E037 (10		
City & State		City & State			4. FEI Number 59-3641				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		75 Addi Required	
	6. Name and Address of Current	Registered Agent	Na	ame	7. Name and .	Address of New F	legistered Agent		
WALLACE, L. DENISE 920 THIRD STREET SUITE B			Str	Street Address (P.O. Box Number is Not Acceptable)					
NEPTONE	BEACH, FL 32266		Cit	ty		***************************************	FL Z	ip Code	,
8. The above	named entity submits this statement fo	r the purpose of changing its	registered off	fice or register	red agent, or both	, in the State of Flo		ar with, a	and accept
SIGNATURE _									ì
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2005	and title if applicable. (NOTE 9. Election Carr Trust Fund C	paign Financ	nt signature required	\$5.00 May Be Added to Fees		DATE lake check pay ida Departmen		
	Filing Fee is \$61.25	9. Election Carr Trust Fund C	paign Financ	cing	\$5.00 May Be Added to Fees		lake check pay ida Departmen	t of St	ate
	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Carr Trust Fund C	paign Financontribution.	PD Der 104	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE	lake check pay ida Departmen RS AND DIRECTI	of Sta	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD JOHNSTON, CORA M 10475 FORTUNE PARKWAY #2	9. Election Carr Trust Fund C RECTORS Delete Delete	npaign Finance ontribution. 11. TITLE NAME STREET ADD	PD Der 104 Jac	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE	lake check pay ida Departmen RS AND DIRECTI C kway #2 32256	of Sta	ate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). Horida 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 recover or trustee impowered 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: 🛦

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

904-380-8604

Daytime Phone #