

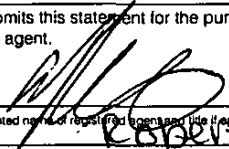
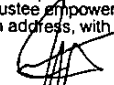


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90027 043 ****61.25

DOCUMENT # N00000003478 1. Entity Name MEADOWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813			Mailing Address 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813		
2. Principal Place of Business 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101 City & State Lakeland, FL Zip 33803 Country USA		3. Mailing Address 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101 City & State Lakeland, FL Zip 33803 Country USA		50017508 	
4. FEI Number 59-3721241				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01182005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 4110 S. FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Adams, Robert J. Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave. Suite Suite 101 City Lakeland FL Zip Code 33803		
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  Registered Agent 2/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, D. JOEL 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALSH, BRIAN 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1-31-05 803-619-7103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					