


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001461 1. Entity Name MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 8640 SEMINOLE BLVD SEMINOLE, FL 33772	Mailing Address 8640 SEMINOLE BLVD SEMINOLE, FL 33772	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD SEMINOLE, FL 33772		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEACH, GERALD J PO BOX 4696 SEMINOLE, FL 33775	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ENGELHARDT, DANIEL A PO BOX 17309 CLEARWATER, FL 34622	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ENGELHARDT, PAUL D 4500 140TH AVENUE NORTH CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Ynaisa Harper</u> 3/29/05 941-545-5839 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/04/05-80067-024 61.25

**DO NOT WRITE
IN THIS SPACE**