


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90129 045 \*\*\*\*61.25

<b>DOCUMENT # N02000001461</b>					
<b>1. Entity Name</b> MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8640 SEMINOLE BLVD SEMINOLE, FL 33772			<b>Mailing Address</b> 8640 SEMINOLE BLVD SEMINOLE, FL 33772		
<b>2. Principal Place of Business</b> 5811 33rd Dr E		<b>3. Mailing Address</b> 5811 33rd Dr E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Palmetto Florida		<b>City &amp; State</b> Palmetto Florida		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34221		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HOFSTRA, PETER T 8640 SEMINOLE BLVD SEMINOLE, FL 33772			<b>7. Name and Address of New Registered Agent</b> Name: Vicki Wright Street Address (P.O. Box Number is Not Acceptable): 5811 33rd Dr E City: Palmetto State: FL Zip Code: 34221		
<b>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.</b>					
SIGNATURE: Vicki N Wright				DATE: 3-24-06	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> LEACH, GERALD J	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vicki Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> PO BOX 4696	<b>CITY-ST-ZIP</b> SEMINOLE, FL 33775		<b>STREET ADDRESS</b> 5811 33rd Dr E	<b>CITY-ST-ZIP</b> Palmetto FL 34221	
<b>TITLE</b> DST	<b>NAME</b> ENGELHARDT, DANIEL A	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> George Leyva	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> PO BOX 17309	<b>CITY-ST-ZIP</b> CLEARWATER, FL 34622		<b>STREET ADDRESS</b> 6002 33rd Dr E	<b>CITY-ST-ZIP</b> Palmetto FL 34221	
<b>TITLE</b> DV	<b>NAME</b> ENGELHARDT, PAUL D	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Angela Jarrell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4500 140TH AVENUE NORTH	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33762		<b>STREET ADDRESS</b> 6007 33rd Dr E	<b>CITY-ST-ZIP</b> Palmetto FL 34221	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> Vicki N Wright				DATE: 3-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					