

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90011 037 \*\*\*\*61.25

<b>DOCUMENT # N02000002221</b>			
<b>1. Entity Name</b> ERN MEADOWS HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 6905 N. WICKHAM ROAD SUITE 401 MELBOURNE, FL 32940		<b>Mailing Address</b> 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1645 Classic Court Suite # 104 Melbourne FL 32940 Brevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02152008 Chg-NP CR2E037 (12/06)		<b>4. FEI Number</b> 04-3676671	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BARIC, JOHN ESQ. 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</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> PD <b>NAME</b> FOLEY, TODD <b>STREET ADDRESS</b> 6905 N WICKHAM ROAD, SUITE 201 <b>CITY-ST-ZIP</b> MELBOURNE, FL 32940	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> DARVIN, HOWARD <b>STREET ADDRESS</b> 6905 N. WICKHAM ROAD, SUITE 201 <b>CITY-ST-ZIP</b> MELBOURNE, FL 32940	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VT <b>NAME</b> SIGMUND, JAMES <b>STREET ADDRESS</b> 6905 N. WICKHAM ROAD, SUITE 501 <b>CITY-ST-ZIP</b> MELBOURNE, FL 32940	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MOORE, MICHAEL <b>STREET ADDRESS</b> 1732 CRESSA CIRCLE <b>CITY-ST-ZIP</b> COCOA, FL 32926	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date			