

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008937

FILED
Apr 18, 2006
Secretary of State

Entity Name: VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC. NO. 6

Current Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 22-3886731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, WALTER
Address: 14227 WISTFUL LOOP
City-St-Zip: ORLANDO, FL 32824

Title: SD () Delete
Name: CARNERO, RAFALEA
Address: 13232 GALICIA ST, # 105
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: RTEGA, MARIA
Address: 13220 CALICIA ST, # 207
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ESPONDA, WILMA
Address: 13220 GALICIA STREET #103
City-St-Zip: ORLANDO, FL 32824

Title: DV (X) Change () Addition
Name: ORTEGA, MARIA
Address: 13220 GALICIA STREET #207
City-St-Zip: ORLANDO, FL 32824

Title: DT (X) Change () Addition
Name: CARNERO, RAFALEA
Address: 13232 GALICIA STREET #105
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMA ESPONDA

DP

04/18/2006

Electronic Signature of Signing Officer or Director

Date