2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02887

FILED Apr 18, 2006 Secretary of State

Entity Name: THE MEADOWS CONDOMINIUM UNIT ONE AT EAST LAKE WOODLANDS ASSOCIATION, INC.

Current Principal Place of Business: 32708 US HWY 19 N PALM HARBOR, FL 34684 Current Mailing Address:			New Principal Place	New Principal Place of Business: 4151 WOODLANDS PKWY PALM HARBOR, FL 34685 New Mailing Address:	
			New Mailing Address		
	HWY 19 N RBOR, FL 346	84	4151 WOODLANDS P PALM HARBOR, FL 3		
El Number	: 59-2425288	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
CALIBER (32708 US	MARJORIE J CONDO MGT HWY 19 N RBOR, FL 346		REARDON, MAUREE! 4151 WOODLANDS P PALM HARBOR, FL 3	KWY	
	named entity se of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both	
SIGNATUI					
J. J. W. (1 O)	RE: MAUREE	N REARDON		04/18/2006	
2.314/1101		N REARDON iic Signature of Registered Ac	ent	04/18/2006 Date	
		ic Signature of Registered Ac			
OFFICER: Title: Name: Address:	Electror S AND DIREC	iic Signature of Registered Ag TORS: Delete IT		Date	
	Electron S AND DIREC PD () MICKEY, BREN 506 MEADOW OLDSMAR, FL	iic Signature of Registered Ac TORS: Delete IT LANE Delete DHN P D PL	ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	
DFFICER: Title: lame: laddress: City-St-Zip: Title: lame: laddress:	Electron S AND DIREC PD () MICKEY, BREN 506 MEADOW OLDSMAR, FL TD () GUERNSEY, JG 103 WINDWAR OLDSMAR, FL	ic Signature of Registered Act TORS: Delete IT LANE Delete DHN P D PL 34677 Delete N D PLACE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTO () Change () Addition (X) Change () Addition (X) Change () Addition (ARD PLACE	

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: BRENT MICKY PD 04/18/2006