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

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90031 050 ****61.25

DOCUMENT # N03000005689 1. Entity Name



	AKE MEADOWS PROPER ATION, INC.	IT OWNERS						
Principal Place of Business 9760 FAIRWAY CIRCLE LEESBURG, FL 34788		Mailing Address PO BOX 490873 LEESBURG, FL 34749			40001501			
O Dissipal D	de la companya de la	I a Mallian Addison						
2. Principal Place of Business		3. Mailing Address		1 10 8 11 8 14 8 8 8 8	IIIIL BAUL BANK BAUL	HANN DEIDI DINA DEIDI 1811	11.11.11 II 11.51	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 _C	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 20-088321	.3	├	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Si	atus Desired	S8.75 A	dditional	
••	6. Name and Address of Current	Registered Agent	-	- 7. Name and Add	ress of New Re		•	
GERNER,	JAMES R		Name Ja	ames R Garn	er			
9760 FAIRWAY CIRCLE		Street Addres		ess (P.O. Box Number is	(P.O. Box Number is Not Acceptable) 0 Fairway Circle			
LEESBURG, FL 34788			1 000		34788			
			City	esburg		FL Zip Co	de '♠ 8	
8. The above	named entity submits this statement for	or the purpose of changing its re			the State of Flori	da. I am familiar wit	n, and accept	
ine obligat		Ya				1,2/ -		
SIGNATURE	Signaldre, typed or printed name of registered agent	t and title if applicable (NOTE: 6	Registered Agent signature re	noulred when reinstaling)		13/05		
		(instant	iogrator po 7 igorit, algriacor a 14	oquiod witerit erisitating)		OME:		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		ke check payable la Department of		
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund Co	ntribution.		Floric	S AND DIRECTORS	State IN 10	
10. TITLE NAME	Due by May 1, 2005	- Trust Fund Co	ntribution.	Added to Fees	Floric	la Department of	State IN 10	
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DI DP GARNER, JAMES R 9760 FAIRWAY CIRCLE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Floric	S AND DIRECTORS	State IN 10	
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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:

Daytime Phone #