

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-11-2005 90005 047 ****61.25

DOCUMENT # N03000008924 1. Entity Name CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % LELAND MANAGEMENT 8009 S. ORANGE AVE. ORLANDO, FL 32809			Mailing Address % LELAND MANAGEMENT 8009 S. ORANGE AVE. ORLANDO, FL 32809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHECHTER, ROSA E ESQ 550 BILTMORE WAY, STE 1110 CORAL GABLES, FL 33134				Name Furlow, Rebecca Agent Street Address (P.O. Box Number is Not Acceptable) Leland Management 8009 S. Orange Ave City Orlando State FL Zip Code 32809	
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.					
SIGNATURE Rebecca Furlow Agent <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 8-2-5	
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUSSELL, GUY <input type="checkbox"/> Delete 120 FAIRWAY WOODS BLVD ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAWKS, GANDICE H <input checked="" type="checkbox"/> Delete 120 FAIRWAY WOODS BLVD ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Marcia Jenkins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 Fairway Woods Blvd. Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORSE, CYNTHIA L <input type="checkbox"/> Delete 120 FAIRWAY WOODS BLVD. ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Guy Trussell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 8/5/05 DAYTIME PHONE: 407-240-0044 <small>Date Daytime Phone</small>		



ATTACHMENT

86096580

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 12, 2005

CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, IN
120 FAIRWAY WOODS BLVD
ORLANDO, FL 32824

Subject: CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION,

Reference Number: N03000008924

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

★ Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION

★ Number added to application