2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008924

FILED Apr 15, 2009 Secretary of State

Entity Name: CEDAR BEND AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LELAND MANAGMENT 5955 T.G. LEE BLVD. SUITE 300

ORLANDO, FL 32822

Current Mailing Address:

ORLANDO, FL 32809

New Mailing Address:

C/O LELAND MANAGMENT 5955 T.G. LEE BLVD. SUITE 300

ORLANDO, FL 32822

C/O LELAND MANAGMENT 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

C/O LELAND MANAGMENT

6972 LAKE GLORIA BLVD.

FEI Number: 16-1695385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LELAND MANAGEMENT 5955 T.G. LEE BLVD. SUITE 300

ORLANDO, FL 32822 US

LELAND MANAGEMENT 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/15/2009

Title: PR () Delete
Name: GRAHAM, GLEN
Address: 1562 CEDAR LAKE DRIVE

City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete Name: COLON, ORLANDO

Address: 14708 CEDAR BRANCH WAY
City-St-Zip: ORLANDO, FL 32824

Title: TR () Delete
Name: VINCENT, LATONYA C
Address: 1467 CEDAR LAKE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change () Addition

Name: MCFALL, KEVIN

Address: 14751 CEDAR BRANCH WAY City-St-Zip: ORLANDO, FL 32824

Title: ST (X) Change () Addition

Name: VINCENT, LATONYA C
Address: 1467 CEDAR LAKE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: BRUMMER, LAWRENCE D
Address: 14619 CEDAR BRANCH WAY
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN MCFALL VP 04/15/2009