2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006582

FILED Jul 22, 2009 Secretary of State

Entity Name: ARBOR MEADOWS AT MEADOW WOODS MASTER ASSOCIATION, INC.

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

5955 TG LEE BLVD. SUITE 300 ORLANDO, FL 32822 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

Current Mailing Address:

New Mailing Address:

5955 TG LEE BLVD. SUITE 300 ORLANDO, FL 32822 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

FEI Number: 20-2631799

FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: REBECCA FURLOW

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete

Name: ALFANDRE, STEPHEN

Address: 2966 COMMERCE PARK DR STE 100

City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete

Name: MORSE, CINDY

Address: 2966 COMMERCE PARK DR STE 100

City-St-Zip: ORLANDO, FL 32819

Title: DST () Delete

Name: VIDRINE, ANDRE Address: 2966 COMMERCE PARK DR STE 100

City-St-Zip: ORLANDO, FL 32819

Title: DP (X) Change () Addition

Name: PINERO, MAYRA

Address: 2336 SAND ARBOR CIRLCE

City-St-Zip: ORLANDO, FL 32824

Title: DV (X) Change () Addition

Name: GUEVARA, ERIC

Address: 13845 SAND MEADOW LANE

City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition

Name: Address: City-St-Zip:

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: MAYRA PINERO DP 07/22/2009