
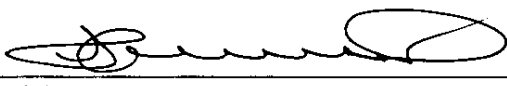



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 041 ****61.25

DOCUMENT # N05000001247 1. Entity Name THE MEADOWS AT ORANGE LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1701 SE FORT KING ST OCALA, FL 34471		Mailing Address 1701 SE FORT KING ST OCALA, FL 34471			
2. Principal Place of Business 21055 Yacht Club Dr. Suite, Apt. #, etc. Unit 3201		3. Mailing Address 21055 Yacht Club Dr. Suite, Apt. #, etc. Unit 3201			
City & State Aventura, FL		City & State Aventura, FL		4. FEI Number 01-0837527	
Zip 33180 Country USA		Zip 33180 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name Lawrence C. Callaway, III Street Address (P.O. Box Number is Not Acceptable) 21 NE First Avenue City Ocala FL Zip Code 34470		
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 Lawrence C. Callaway, III  4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD GALLOWAY, MARY CAROLYN P O BOX 1479 OCALA, FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reuven Gitter 21055 Yacht Club Dr. #3201 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLEOD, JOHN 3402 SE 15TH ST OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RON Gitter 100 E. Huron, Apt. 1305 Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, NOLAN C III P O BOX 1479 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANI FITTER 21055 Yacht Club Dr., #3201 Aventura, FL 33180	<input checked="" 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 exemptions contained 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 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: Reuven Gitter  4/20/06 305-932-2762 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40063004



03092006 Chg-NP CR2E037 (11/05)

ATTACHMENT

LAW OFFICES
AYRES, CLUSTER, CURRY, McCALL,
COLLINS & FULLER, P.A.
21 NORTHEAST FIRST AVENUE
OCALA, FLORIDA 34470

40069584
N05060001247

LAWRENCE C. CALLAWAY, III
EDWIN C. CLUSTER*
JAMES E. COLLINS
LANDIS V. CURRY, JR.
JANET L. FULLER
JOHN B. FULLER*†°
WAYNE C. McCALL*†
ROBERT H. McLEAN
WILLARD AYRES
1910-1988

REPLY TO:
POST OFFICE BOX 1148
OCALA, FLORIDA 34478
TELEPHONE (352) 351-2222
FACSIMILE (352) 351-0312

*CERTIFIED CIVIL TRIAL LAWYER
Florida Bar Board of Certification
†CERTIFIED CIVIL TRIAL ADVOCATE
National Board of Trial Advocacy
°CERTIFIED BUSINESS LITIGATION LAWYER
Florida Bar Board of Certification

April 25, 2006

Via Certified Mail, Return Receipt Requested

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302

RE: The Meadows at Orange Lake Homeowners' Association, Inc.
Our File No. 6455-01 (R.G.Dev.Inc)

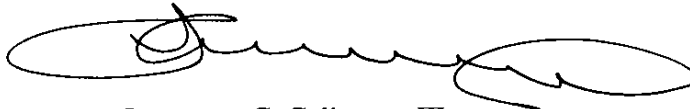
Gentlemen:

Enclosed please find the original executed 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT, along with our trust check in the amount of \$61.25.

Your cooperation in this matter is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Very truly yours,

AYRES, CLUSTER, CURRY, McCALL,
COLLINS & FULLER, P.A.



Lawrence C. Callaway, III

LCC/vs
Enclosure stated within