

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006165

FILED
May 05, 2007
Secretary of State

Entity Name: MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-5049354 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:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: MORSE, CINDY
Address: 120 FAIRWAY WOODS BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: DV () Delete
Name: REINERT, JIM
Address: 120 FAIRWAY WOODS BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: DST () Delete
Name: MCFADDEN, TRACY
Address: 120 FAIRWAY WOODS BLVD.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: ALFANDRE, STEPHEN
Address: 120 FAIRWAY WOODS BLVD.
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: CINDY MORSE

_____ Electronic Signature of Signing Officer or Director

DP

05/05/2007

_____ Date