

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006165

FILED
Apr 30, 2008
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:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 20-5049354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

LELAND MANAGEMENT, INC
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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

04/30/2008

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: ALFANDRE, STEPHEN
Address: 120 FAIRWAY WOODS BLVD.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALFANDRE, STEPHEN
Address: 2966 COMMERCE PARK DR. STE 100
City-St-Zip: ORLANDO, FL 32819

Title: DV (X) Change () Addition
Name: MORSE, CINDY
Address: 2966 COMMERCE PARK DR. STE 100
City-St-Zip: ORLANDO, FL 32819

Title: DST (X) Change () Addition
Name: VIDRINE, ANDRE
Address: 2966 COMMERCE PARK DR. STE 100
City-St-Zip: ORLANDO, FL 32819

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: STEPHEN ALFANDRE

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date