


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 OCT -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006165				
1. Entity Name MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 5955 T.G. LEE BLVD. SUITE 300 ORLANDO, FL 32822		Mailing Address 5955 T.G. LEE BLVD. SUITE 300 ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box # 55 NE 5th Avenue Suite, Apt. #, etc. 2nd Floor		3. Mailing Address 55 NE 5th Avenue Suite, Apt. #, etc. 2nd Floor		
City & State Delray Beach, FL		City & State Delray Beach, FL		
Zip 33483	Country US	Zip 33483	Country US	
4. FEI Number 20-5049354		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LELAND MANAGEMENT, INC 5955 T.G. LEE BLVD. SUITE 300 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Corporation Company of Orlando Street Address (P.O. Box Number is Not Acceptable) 300 South Orange Avenue (MJG) Ste. 1000 City Orlando FL Zip Code 32801		
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 J. Gregory Humphries, VP		<i>J. Gregory Humphries V.P.</i> 10/6/08		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
Amended AR is \$61.25		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	DP ALFANDRE, STEPHEN 2966 COMMERCE PARK DR. STE 100 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John R. Evasius 55 NE 5th Avenue, 2nd Floor Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORSE, CINDY 2966 COMMERCE PARK DR. STE 100 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Chip Bryan 55 NE 5th Avenue, 2nd Floor Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VIDRINE, ANDRE 2966 COMMERCE PARK DR. STE 100 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Jonathan D. Ginsberg 55 NE 5th Avenue, 2nd Floor Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" 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	<i>J. Gregory Humphries</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136781365 10/09/08--01046--001 **61.25	
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: <i>J. Gregory Humphries</i>		10-1-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
		Daytime Phone #		



09302008 Chg-NP CR2E037 (12/06)