

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007014

FILED
Apr 27, 2009
Secretary of State

Entity Name: MEADOW POINTE CONDOMINIUM ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

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

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 20-5184466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARIC, JOHN ESQ
6905 N. WICKHAM RD
SUITE 501
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BUESCHER, KEITH
6905 N. WICKHAM RD
SUITE 501
MELBOURNE, FL 32940 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: KEITH BUESCHER

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DSV () Delete
Name: WEBER, SHARON
Address: 6905 N WICKHAM RD STE 401
City-St-Zip: MELBOURNE, FL 32940

Title: DP () Delete
Name: FOLEY, TODD
Address: 6905 N WICKHAM RD STE 201
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: O'TOOLE, HAZEL
Address: 6905 N WICKHAM RD STE 401
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSV (X) Change () Addition
Name: WEBER, SHARON
Address: 6905 N WICKHAM RD STE 501
City-St-Zip: MELBOURNE, FL 32940

Title: DP (X) Change () Addition
Name: CAIN, MARCUS
Address: 6905 N WICKHAM RD STE 501
City-St-Zip: MELBOURNE, FL 32940

Title: DT (X) Change () Addition
Name: O'TOOLE, HAZEL
Address: 6905 N WICKHAM RD STE 501
City-St-Zip: MELBOURNE, FL 32940

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: MARCUS CAIN

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date