2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16826

FILED Apr 24, 2006 Secretary of State

Entity Name: MEADOWVIEW HOMEOWNERS ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

920 E. HARTFORD ST 2342 N. ALACHUA PT.

HERNANDO, FL 34442 US HERNANDO, FL 34442 US

Current Mailing Address: New Mailing Address:

PO BOX 217

HERNANDO, FL 34442 US

FEI Number: 59-2735535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAITKEVICH, BARBARA
920 E. HARTFORD ST
HERNANDO, FL 34442 US
HUNTER, DONALD
2342 N. ALACHUA PT.
HERNANDO, FL 34442 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: DONALD HUNTER 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WAITKEVICH, BARBARA Name: MARSDON, LAWRENCE

 Address:
 820 E HARTFORD ST
 Address:
 2286 N HARDEE PT

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 HERNANDO, FL 34442

Title: SD () Delete Title: () Change () Addition

 Name:
 HOVIS, JAMES
 Name:

 Address:
 219 E. LEON LOOP
 Address:

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 HUNTER, DONALD L
 Name:

 Address:
 2342 N. ALACHUA PT
 Address:

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:

Title: DACB () Delete Title: DACB (X) Change () Addition

 Name:
 MARSTON, LAWRENCE
 Name:
 LONGO, JOSEPHINE

 Address:
 2286 N HARDEE PT
 Address:
 2275 N. ST. LUCIE PT.

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 HERNANDO, FL 34442

Title: VD () Delete Title: () Change () Addition

 Name:
 SOLTYS, EUGÉNE R
 Name:

 Address:
 2342 N PUTNAM PT
 Address:

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD HUNTER TD 04/24/2006