

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22891

FILED
Mar 20, 2007
Secretary of State

Entity Name: OAKTRAILS AT MEADOWRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3055265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W. SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: COMBER, MICHAEL
Address: 5506 RIVER OAKS DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD () Delete
Name: LINDSAY, LEE
Address: 1241 LITTLE OAK CIR
City-St-Zip: TITUSVILLE, FL 32780

Title: VPTD () Delete
Name: CHAMBERS, JOHN M
Address: 1274 FOX COURT
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: BILLOW, BECCY
Address: 1281 FOX CT
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: WALTER, ANDREA
Address: 5535 RIVER OAKS DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: COMBER, MICHAEL
Address: 5506 RIVER OAKS DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD (X) Change () Addition
Name: MILLER, GARY
Address: 5528 RIVER OAKS DR
City-St-Zip: TITUSVILLE, FL 32780

Title: PD (X) Change () Addition
Name: CHAMBERS, JOHN
Address: 1274 FOX COURT
City-St-Zip: TITUSVILLE, FL 32780

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

Title: () Change () Addition
Name:
Address:
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: JOHN CHAMBERS

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date