

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25093

FILED
Feb 19, 2008
Secretary of State

Entity Name: MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2550 SW WATERFALL BLVD
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

2550 SW WATERFALL BLVD
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0031955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: P () Delete
Name: CIMAROSA, JOAN H
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: S () Delete
Name: TREMBLAY, ROBERTA
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: V () Delete
Name: RICE, M. PAUL
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: T () Delete
Name: CURATOLA, SUSAN
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete
Name: BOOTH, H M
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete
Name: FULLER, BEVERLY
Address: 2550 SW WATERFALL BLVD
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JOAN H. CIMAROSA

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date