2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N25680

1. Entity Name
MEADOW LAKE HOMEOWNERS ASSOCIATION OF



Jan 25, 2006 8:00 am Secretary of State

01-25-2006 90034 050 ****61.25

FILED

EDGEWATER, INC.											
234 MEADOW LAKE DRIVE 234		Mailing Address 234 MEADOW LAKE DRI EDGEWATER, FL 32141	234 MEADOW LAKE DRIVE								
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Principal Place of Business 3.		3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212	2006 Chg	-NP	CR2E037 (11	/05)			
City & State		City & State		4. FEI 59	Number -3052047	,			plied For Applicable		
Zip	Country	Zip	Country	5. Ceri	tificate of Stat	us Desired		5 Addi lequired			
	6. Name and Address of Current	Registered Agent		7. Nan	ne and Addre	ss of New Re	gistered Agent				
STARLIPE	R, HENRY R		Name	Name							
234 MEADOW LAKE DRIVE EDGEWATER, FL 32141			Street Address		(P.O. Box Number is Not Acceptable)						
			City				FL ²	ip Code	,		
	named entity submits this statement for	r the purpose of changing its re	egistered office or r	egistered agent	, or both, in th	ne State of Flori	da. 1 am familia	r with, a	and accept		
a lo obliga	north of registered again.								}		
SIGNATURE	- 										
Signature, typed or printed name of registered agent and tate it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 Added to	May Be		ke check pay la Departmen				
10.	-	Trust Fund Co		Added to	Fees	Florid		t of St	ate		
TITLE	OFFICERS AND DI	Trust Fund Co	ntribution. C	Added to ADDITION	NS/CHANGES	Florid TO OFFICER	S AND DIRECTO	t of St	ate		
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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.

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