2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27959

FILED Apr 26, 2006 Secretary of State

Entity Name: MEADOWRIDGE/SOUTH ASSOCIATION, INC.

urrent P	rincipal Place of	Business:	New Principal Plac	e of Business:
479 ALON VINTER P	MA AVE PARK, FL 32792	US		
urrent Mailing Address:		New Mailing Address:		
O BOX 1 VINTER P	748 PARK, FL 32790	US		
El Number:	59-2943067 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Curi	ent Registered Agent:	Name and Address	of New Registered Agent:
479 ALON	R, JOSEPH J MA AVE PARK, FL 32792	US		
		mits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
the State	e of Florida. RE:			
the State	e of Florida. RE:	mits this statement for the positions of Registered Ag		red office or registered agent, or both, Date
the State	e of Florida. RE:	Signature of Registered Ag	ent	
the State IGNATUF FFICERS tle: ame: ddress:	e of Florida. RE: Electronic S	Signature of Registered Ag RS: ete et N.,	ent	Date
the State	E of Florida. RE: Electronic S S AND DIRECTO DST () Del GARDNER, ROBER 2479 ALOMA AVE	Bignature of Registered Agr RS: ete RT N., 32792 ete H J.,	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
the State GNATUF FFICERS le: ume: dress: ty-St-Zip: le: ume: dress:	E of Florida. RE: Electronic S S AND DIRECTO DST () Del GARDNER, ROBER 2479 ALOMA AVE WINTER PARK, FL DVP () Del GARDNER, JOSEP 2479 ALOMA AVE	Bignature of Registered Ag RS: ete ET N., 32792 ete H J., 32792 ete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

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: ANDY GARDNER P 04/26/2006