


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State


01-29-2007 90069 037 ****61.25

DOCUMENT # N29019	
1. Entity Name MEADOWOOD GOLF AND TENNIS CLUB, INC.	

Principal Place of Business 9425 MEADOWOOD DR FT. PIERCE, FL 34951 US	Mailing Address 9425 MEADOWOOD DRIVE FORT PIERCE, FL 34951 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60008038



01222007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0082770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GRAZIANO, MARIE 1352 BONEFISH COURT FORT PIERCE, FL 34949	

7. Name and Address of New Registered Agent	
Name JIMMY L. ANDERSON	
Street Address (P.O. Box Number is Not Acceptable) 1924 WESTMINSTER CIRCLE #8	
City VERO BEACH	Zip Code FL 32966

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jimmy L. Anderson - Controller* **JIMMY L. ANDERSON** DATE **1/27/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOOD, ROSS 3200 TWIN LAKES TERRACE, #106 FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLIVER, GARY 9475 MEADOWOOD DRIVE FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSER, WILLIAM F 3210 BENT PINE DRIVE FORT PIERCE, FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GULLUNI, JOSEPH 9512 SHADOW LANE FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NELSON, HORACE 9526 LAURELWOOD COURT FORT PIERCE, FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVID HOCKIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9450 MEADOWOOD DR #202 FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAN VINCENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3616 GROVE CT. FORT PIERCE, FL 34951

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.

SIGNATURE: *Joseph L. Anderson* **PRESIDENT** DATE **1/27/07** DAYTIME PHONE # **772-466-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR