2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34270

FILED Mar 31, 2009 Secretary of State

Entity Name: FRESH MEADOWS HOMEOWNERS' ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: C/O STOKES MANAGEMENT 3053 51ST STREET SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address:** C/O STOKES MANAGEMENT 3053 51ST STREET SARASOTA, FL 34234 US FEI Number: 65-0174885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOKES, REBECCA 3035 51ST SREET SARASOTA, FL 34234 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition ROBL, CANDACE Name: Name: 6021 62ND CTE Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: TRIPPANY, TOM Name: Address: 6605 63RD AVE. E. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: TDS () Delete Title: TSD (X) Change () Addition IVERSON, ALAN IVERSON, ALAN Name: Name: Address: 6209 61ST DR. EAST Address: 6209 61ST DR. EAST City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 Title: () Delete Title: VPD (X) Change () Addition Name: BOURDON, BERNIE Name: BOURDON, BERNIE Address: 6404 61ST DR EAST Address: 6404 61ST DR EAST City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221

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: BERNIE BOURDON VPD 03/31/2009