

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41430

FILED
Apr 06, 2006
Secretary of State

Entity Name: PARK PLACE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3108532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 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: VPD () Delete
Name: PEREZ, NANCY
Address: 876 MONOPLY CT
City-St-Zip: ORLANDO, FL 32824

Title: STD () Delete
Name: WEBBER, CYNTHIA
Address: 876 MONOPOLY COURT
City-St-Zip: ORLANDO, FL 32824

Title: PD () Delete
Name: BASFORD, KATHLEEN
Address: 864 MONOPOLY COURT
City-St-Zip: ORLANDO, F 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PINI, APRIL
Address: 876 MONOPLY CT
City-St-Zip: ORLANDO, FL 32824

Title: STD (X) Change () Addition
Name: WEBBER, CYNTHIA
Address: 846 MONOPOLY COURT
City-St-Zip: ORLANDO, FL 32824

Title: PD (X) Change () Addition
Name: RIVERA, OLGA
Address: 836 MONOPOLY COURT
City-St-Zip: ORLANDO, F 32824

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: OLGA RIVERA

PD

04/06/2006

Electronic Signature of Signing Officer or Director

_____ Date