## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41430

FILED Apr 10, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
180 W SF UITE 500 ONGWO				
urrent Mailing Address:		New Mailing Address:		
180 W SF UITE 500 ONGWO				
El Number	: 59-3108532	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	MES W JR			
JITE 500 DNGWO	00 OD, FL 32779			
he above the State	00 OD, FL 32779 named entity se of Florida.		ourpose of changing its registered	d office or registered agent, or both,
UITE 500 ONGWO ne above the State	00 OD, FL 32779 named entity s e of Florida. RE:	submits this statement for the p		d office or registered agent, or both,  Date
UITE 500 ONGWO he above the State	00 OD, FL 32779 named entity s e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agr	ent	d office or registered agent, or both,  Date  ES TO OFFICERS AND DIRECTOR
UITE 500 ONGWO he above the State	OO, FL 32779 Inamed entity see of Florida.  RE: Electron  S AND DIRECT	submits this statement for the particle of Registered Agr  FORS:  Delete  CT	ent	Date
JITE 500 DNGWO ne above the State GNATUI FFICER: le: le: lme: dress:	OO, FL 32779 Inamed entity see of Florida.  RE: Electron S AND DIRECTOR  VPD () PINI, APRIL 876 MONOPLY ORLANDO, FL	ic Signature of Registered Age  FORS:  Delete  CT  32824  Delete  THIA Y COURT	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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 04/10/2007