

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44179

FILED
Mar 29, 2004
Secretary of State**Entity Name:** MEADOW BROOKE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**Current Mailing Address:**2180 W STATE RD 434
SUITE 5000
LONGWOOD, FL 32779 US**New Mailing Address:****FEI Number:** 59-3079707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W. JR.
C/O SENTRY MANAGEMEN, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**HART, JAMES W JR
C/O SENTRY MANAGEMEN, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

03/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: LOWE, BRENDA
Address: 320 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746**Title:** TD () Delete
Name: LAWTER, TIMOTHY
Address: 229 LESLIE LANE
City-St-Zip: LAKE MARY, FL 32746**Title:** PD () Delete
Name: LEONARDO, JOSEPH
Address: 216 MEADOW BAY CT.
City-St-Zip: LAKE MARY, FL 32746**Title:** SD () Delete
Name: GALLAGHER, JOSEPH
Address: 278 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746**Title:** D () Delete
Name: ZERECHECK, JANICE
Address: 221 LESTIE LN
City-St-Zip: LAKE MARY, FL 32746**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: LOWE, BRENDA
Address: 320 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH LEONARDO

PD

03/29/2004

Electronic Signature of Signing Officer or Director

Date