

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44179

FILED
Apr 05, 2007
Secretary of State

Entity Name: MEADOW BROOKE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

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:

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: PD () Delete
Name: PEAN, GLADYS
Address: 221 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: O'DONNELL, PATRICK
Address: 266 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: LAWTER, TIMOTHY
Address: 229 LESLIE LN
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SOFARELLI, JOHN
Address: 223 MEADOW BAY CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PEAN, GLADYS
Address: 221 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: PD (X) Change () Addition
Name: SOFARELLI, JOHN
Address: 223 MEADOW BAY CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: WITTENBERG, WAYNE
Address: 241 MEADOW BAY CT
City-St-Zip: LAKE MARY, FL 32746

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: JOHN SOFARELLI

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date