


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 034 ****61.25

DOCUMENT # N93000001699	
1. Entity Name MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.	

Principal Place of Business 3801 NEW TAMPA HIGHWAY LAKE LAND, FL 33815	Mailing Address 3801 NEW TAMPA HIGHWAY LAKE LAND, FL 33815
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00002067



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05062005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLASS, JOANN X 168 CASBIAR ST LAKE LAND, FL 33815		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joann Glass* DATE 5/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORWIN, BARBARA 74 PRICHARD ST LAKE LAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 74 Pritchard St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, BARBARA 48 PRITCHARD ST LAKE LAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Dean Williams 200 Gober St. Lake land FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITCH, SAM 197 GOBER ST LAKE LAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Dale Gaunt 155 Colton St. Lake land, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLASS, JOANN 168 CASBIAR ST LAKE LAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 168 Casbier St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRADER, IDANELL 147 CORTON ST LAKE LAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Thelma Ellis 144 Colton St. Lake land, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULATOWSKI, BARBARA 114 TODD ST LAKE LAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann Glass* DATE 5/6/05 DAYTIME PHONE # 863-687-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR