

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90031 034 ****61.25

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1. Entity Name
**MONROE MEADOWS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**139 KELLY CIRCLE
SANFORD, FL 32773 US**

Mailing Address
**139 KELLY CIRCLE
SANFORD, FL 32773 US**



02032005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-3235923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACRAE, TERESA
176 KELLY CIRCLKE
SANFORD, FL 32773**

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IN THIS SPACE**

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

Teresa B Macrae

February 3, 2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DENMAN, GLEN
STREET ADDRESS 101 MADDEN AVENUE
CITY-ST-ZIP SANFORD, FL 32773

TITLE TD
NAME RUARK, GARY
STREET ADDRESS 132 KELLY CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE SD
NAME MACRAE, TERRY
STREET ADDRESS 176 KELLY CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE VD
NAME HELLENDER, DARLENE
STREET ADDRESS 120 KELLY CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE D
NAME BROUGHTON, BEVERLY
STREET ADDRESS 102 KELLY CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE D
NAME CONDELLO, JOE
STREET ADDRESS 363 BRASSIE DR
CITY-ST-ZIP LONGWOOD, FL 32750

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #