


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

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

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

DOCUMENT # N93000002797 1. Entity Name <b>MONROE MEADOWS HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business 139 KELLY CIRCLE SANFORD, FL 32773 US	Mailing Address 139 KELLY CIRCLE SANFORD, FL 32773 US
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3235923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MACRAE, TERESA  
 176 KELLY CIRCLKE  
 SANFORD, FL 32773

**DO NOT WRITE 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* DATE February 3, 2005

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 May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENMAN, GLEN 101 MADDEN AVENUE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUARK, GARY 132 KELLY CIRCLE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACRAE, TERRY 176 KELLY CIRCLE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLENDER, DARLENE 120 KELLY CIRCLE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUGHTON, BEVERLY 102 KELLY CIRCLE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDELLO, JOE 363 BRASSIE DR LONGWOOD, FL 32750

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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR