


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-04-2006 90016 018 ****61.25

DOCUMENT # N93000002797			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07252006		Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3235923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACRAE, TERESA 176 KELLY CIRCLKE SANFORD, FL 32773		Name <u>David Lerch</u> Street Address (P.O. Box Number is Not Acceptable) <u>104 Little Fox Ave.</u> City <u>Sanford</u> FL Zip Code <u>32773</u>	
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 <u>Daniel E. Lerch</u>		DATE <u>7-30-06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENMAN, GLEN 101 MADDEN AVENUE SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE <u>SD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Peri Russell</u> <u>131 Kelly Circle</u> <u>Sanford, FL 32773</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUARK, GARY 132 KELLY CIRCLE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Jacqueline Turner</u> <u>108 Kelly Circle</u> <u>Sanford, FL 32773</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACRAE, TERRY 176 KELLY CIRCLE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE <u>VD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>V. P.</u> <u>Gordon Court</u> <u>108 Madden Ave.</u> <u>Sanford, FL 32773</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLENDER, DARLENE 120 KELLY CIRCLE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE <u>TD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Tres.</u> <u>David Lerch</u> <u>104 Little Fox Ave.</u> <u>Sanford, FL 32773</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUGHTON, BEVERLY 102 KELLY CIRCLE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDELLO, JOE 363 BRASSIE DR LONGWOOD, FL 32750 <input checked="" 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 exemptions contained 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 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: <u>Daniel E. Lerch</u>		DATE <u>7-30-06</u> DAYTIME PHONE # <u>407-323-7783</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	