


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 034 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3235923	
				Applied For 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		
LERCH, DAVID 104 LITTLE FOX AVE. SANFORD, FL 32773			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 <i>David C. Lerch</i>			DATE 3-10-07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reissuing)		
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENMAN, GLEN		NAME		
STREET ADDRESS	101 MADDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	PD Court, Gordon	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	108 Madden Ave.		NAME		
STREET ADDRESS	Sanford, FL 32773		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Turner, Jacqueline		NAME		
STREET ADDRESS	108 Kelly Circle		STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32773		CITY-ST-ZIP		
TITLE	TR / SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lerch, David		NAME		
STREET ADDRESS	104 Little Fox Ave.		STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32773		CITY-ST-ZIP		
TITLE	DIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Cardona Michael		NAME		
STREET ADDRESS	160 Kelly Circle		STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32773		CITY-ST-ZIP		
TITLE	DIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Whitman, Neil		NAME		
STREET ADDRESS	108 Little Fox Ave.		STREET ADDRESS		
CITY-ST-ZIP	Sanford, FL 32773		CITY-ST-ZIP		
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: <i>David C. Lerch</i>			DATE 3-10-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		