

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 15, 2009
Secretary of State**

DOCUMENT# N93000002797

Entity Name: MONROE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

139 KELLY CIRCLE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

139 KELLY CIRCLE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-3235923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURT, ALISON
108 MADDEN AVENUE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COURT, GORDON
Address: 108 MADDEN AVENUE
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: TURNER, JACQUELINE
Address: 108 KELLY CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: TS () Delete
Name: COURT, ALISON
Address: 108 MADDEN AVENUE
City-St-Zip: SANFORD, FL 32773

Title: DIA () Delete
Name: CARDONA, MICHAEL
Address: 160 KELLY CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: DIA () Delete
Name: WHITWAM, NEIL
Address: 108 LITTLE FOX AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON COURT

TS

03/15/2009

Electronic Signature of Signing Officer or Director

Date