2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004800

Entity Name: MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, INC.

FILED Jul 10, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
431 WAVE	MANAGEMENT RLY ROAD SEE, FL 32312				
Current Mailing Address:			New Mailing Address:		
431 WAVE	MANAGEMENT RLY ROAD SEE, FL 32312				
FEI Number:	59-3174318	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
431 WAVEI TALLAHAS	MANAGEMENT RLY ROAD ISEE, FL 32312	US			
The above in the State		bmits this statement for the pur	pose of changing it	its registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () D REGISTER, MARY 2420 BASSWOOI TALLAHASSEE, F	Y D LANE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition REGISTER, MARY 2420 BASSWOOD LANE TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	DP () D MAXWELL, TOM 2428 BASSWOOI TALLAHASSEE, F	D DRIVE	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition WILKINSON, JACKI 867 VIOLET STREET TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	DV () D STUART, FOISON 827 VIOLET TALLAHASSEE, F	I	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition STUART, FAISON 827 VIOLET TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	DS () D VALENTE, TERI 835 VIOLET TALLAHASSEE, F		Title: Name: Address: City-St-Zip:	DS (X) Change () Addition TAJDARI, ALI 2430 BUTTON BUSH TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	DT () Change (X) Addition COLLINS, TERRI 2422 BUTTON BUSH TALLAHASSEE, FL 32308	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY REGISTER D 07/10/2004