2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N93000004800

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

Current Principal Place of Business:

C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3174318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN L
C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: REGISTER, MARY
Address: 2420 BASSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP ( ) Delete
Name: WILKINSON, JACKI
Address: 867 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP ( ) Delete
Name: STUART, FAISON
Address: 827 VIOLET
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: TAJDARI, ALI
Address: 2430 BUTTON BUSH
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT ( ) Delete
Name: COLLINS, TERRI
Address: 2422 BUTTON BUSH
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: REGISTER, MARY
Address: 2420 BASSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DACP (X) Change ( ) Addition
Name: KLIEN, BOB
Address: 2416 BASSWOOD LAND
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: DS (X) Change ( ) Addition
Name: KEEL, SUE
Address: 2424 BASSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY REGISTER DP 04/09/2007
Electronic Signature of Signing Officer or Director — Date