

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 006 ****61.25

DOCUMENT # N94000002199					
1. Entity Name MEADOW CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 560832 ROCKLEDGE, FL 32956-0832 US			Mailing Address PO BOX 560832 ROCKLEDGE, FL 32956-0832 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 28-0387283	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEYER, CURT 1236 CREEK SIDE CIRCLE ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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 SIMMONS, RANDY <input checked="" type="checkbox"/> Delete 1247 CREEKSIDE CIRCLE ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANEY, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 CREEKSIDE CIR. ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRETT, STEVE <input checked="" type="checkbox"/> Delete 1265 CREEKSIDE CIRCLE ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE COURSEY, BEVERLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1238 CREEKSIDE CIR. ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRIS, DONALD <input checked="" type="checkbox"/> Delete 1225 CREEK SIDE CIRCLE ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIDE, THERESA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 CREEKSIDE CIR. ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM, JANGY <input checked="" type="checkbox"/> Delete 1214 CREEK SIDE CIR ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRETT, KIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1265 CREEKSIDE CIR. ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANEY, WILLIAM <input checked="" type="checkbox"/> Delete 1214 CREEKSIDE CIRCLE ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>KIM BARRETT</u> KIM BARRETT			1/5/06 321.794.8843		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		