

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 016 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP

CR2E037 (12/06)

4. FEI Number
28-0387283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEYER, CURT
1236 CREEK SIDE CIRCLE
ROCKLEDGE, FL 32955**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME JANEY, WILLIAM ☒ Delete
STREET ADDRESS 1214 CREEKSIDE CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE PD
NAME FERRIS, DONALD ☐ Change ☒ Addition
STREET ADDRESS 1225 CREEKSIDE CIRCLE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VD
NAME DECOURSEY, BEVERLY ☒ Delete
STREET ADDRESS 1238 CREEKSIDE CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VD
NAME KATIE SIMMONS ☐ Change ☒ Addition
STREET ADDRESS 1247 CREEKSIDE CIRCLE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SD
NAME ZIDE, THERESA ☐ Delete
STREET ADDRESS 1203 CREEKSIDE CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BARRETT, KIM ☐ Delete
STREET ADDRESS 1265 CREEKSIDE CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Kim Barrett **KIM BARRETT**

1-8-07

1-321-794-8843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #