

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002199

FILED
Feb 16, 2008
Secretary of State

Entity Name: MEADOW CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 560832
ROCKLEDGE, FL 329560832 US

New Principal Place of Business:

1229 CREEK SIDE CIRCLE
ROCKLEDGE, FL 329560832 US

Current Mailing Address:

PO BOX 560832
ROCKLEDGE, FL 329560832 US

New Mailing Address:

PO BOX 560832
ROCKLEDGE, FL 32955 US

FEI Number: 28-0387283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, CURT
1236 CREEK SIDE CIRCLE
ROCKLEDGE, FL 32955 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: FERRIS, DONALD
Address: 1225 CREEKSIDE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: SIMMONS, KATIE
Address: 1238 CREEKSIDE CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: ZIDE, THERESA
Address: 1203 CREEKSIDE CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: BARRETT, KIM
Address: 1265 CREEKSIDE CIR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRAMER, ALAN
Address: 1229 CREEK SIDE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD (X) Change () Addition
Name: HILL, IRA
Address: 1260 CREEK SIDE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Change () Addition
Name: BILLKER, CAROL
Address: 1256 CREEK SIDE CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change () Addition
Name: KRAMER, TERRI
Address: 1229 CREEKSIDE CIR
City-St-Zip: ROCKLEDGE, FL 32955

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: TERRI KRAMER

TD

02/16/2008

Electronic Signature of Signing Officer or Director

Date