2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002199

FILED Mar 09, 2009 Secretary of State

Entity Name: MEADOW CREEK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1229 CREEK SIDE CIRCLE ROCKLEDGE, FL 329560832 US **Current Mailing Address: 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: Name and Address of New Registered Agent: BEYER, CURT 1236 CREEK SIDE CIRCLE ROCKLEDGE, FL 32955 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KRAMER, ALAN JANEY, WILLIAM Name: Name: 1229 CREEK SIDE CIRCLE Address: 1214 CREEK SIDE CIRCLE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 US (X) Change () Addition Title: VD Title: () Delete Name: HILL, IRA Name: KRAMER, TERRI B Address: 1260 CREEK SIDE CIRCLE Address: 1229 CREEK SIDE CIRCLE City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 US Title: SD (X) Delete Title: () Change () Addition BILLKER, CAROL Name: Name: 1256 CREEK SIDE CIRCLE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition Name: KRAMER, TERRI Name: Address: 1229 CREEKSIDE CIR Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:

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 B KRAMER TD 03/09/2009