

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005621

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEARES MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4851 PINE BREEZE BLVD W
CALLAHAN, FL 32011 US

New Principal Place of Business:

44112 PINE BREEZE CIRCLE
CALLAHAN, FL 32011 US

Current Mailing Address:

4851 PINE BREEZE BLVD W
CALLAHAN, FL 32011 US

New Mailing Address:

44112 PINE BREEZE CIRCLE
CALLAHAN, FL 32011 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, HARVY M
4851 PINE BREEZE BLVD W
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

JONES, HARVY M
44112 PINE BREEZE CIRCLE
CALLAHAN, FL 32011 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JONES, HARVEY M
Address: 44112 PINE BREEZE CIRCLE
City-St-Zip: CALLAHAN, FL 32011

Title: DVP () Delete
Name: LITTLETON, JAMES
Address: 44291 PINE BREEZE CIRCLE
City-St-Zip: CALLAHAN, FL 32011 US

Title: DST () Delete
Name: SMITH, CHARLOTTE
Address: 44334 PINE BREEZE CIRCLE
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: HARVEY M JONES

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date