


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000658</b> 1. Entity Name <b>MEADOWS AT OVIEDO HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 621906 OVIEDO, FL 32762-1906</b>	Mailing Address <b>P.O. BOX 621906 OVIEDO, FL 32762-1906</b>
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**DO NOT WRITE IN THIS SPACE**



04192008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3372251</b>	Applied For <input type="checkbox"/> Not Applicable
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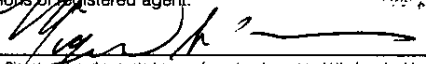
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TORRES, MIGUEL  
800 PALMETTO TERRACE  
OVIEDO, FL 32765**

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: **4-19-08**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TORRES, MIGUEL 800 PALMETTO TERRACE OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BELMONE, CHARLES 822 PALMETTO TERRACE OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SINCLAIR, CANDACE M 836 PALMETTO TERR. OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD BARNHARDT, STEVE 854 PALMETTO TERRACE OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000930118  
05/21/08-80096-006 61.25

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:  **CANDACE M SINCLAIR** 4/22/08 407-314-5463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #