2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002881

FILED Feb 26, 2007 Secretary of State

Entity Name: SUMMERFIELD AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

600 N THACKER AVE. SUITE D-44 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

P O BOX 451509 P O BOX 451509

KISSIMMEE, FL 34745 US

FEI Number: 59-3365933 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:

MORALES, MARIA E
13363 SUMMERTON DR
ORLANDO, FL 32824 US

MORALES, MARIA E
600 N THACKER
D-44
KISSIMMEE, FL 34741 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: MARIA E MORALES 02/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MORALES, MARIA Name: MORALES, MARIA
Address: 13363 SUMMERTON DRIVE Address: 600 N THACKER STE D-44

City-St-Zip: ORLANDO, FL 32824 City-St-Zip: KISSIMMEE, FL 34741 US

Title: STD () Delete Title: STD (X) Change () Addition Name: YOUNG, TINA M Name: YOUNG, TINA M

Address: 13546 SUMMERTON DRIVE Address: 600 N THACKER STE D-44
City-St-Zip: ORLANDO, FL 32824 City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Delete Title: AVP () Change (X) Addition

 Name:
 Name:
 VELEZ, CARLOS NOEL

 Address:
 Address:
 600 N THACKER STE D-44

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA E MORALES PD 02/26/2007