

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003523

FILED
Apr 26, 2005
Secretary of State

Entity Name: MEADOWOOD POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1087 MEADOWOOD POINTE ROAD
LAKELAND, FL 33811 US

New Principal Place of Business:

Current Mailing Address:

1087 MEADOWOOD POINTE ROAD
LAKELAND, FL 33811 US

New Mailing Address:

FEI Number: 59-3476309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINTER, DENNIS R
1087 MEADOWOOD POINTE ROAD
LAKELAND, FL 33811 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: PAINTER, DENNIS
Address: 1087 MEADOWOOD POINTE ROAD
City-St-Zip: LAKELAND, FL 33811 US

Title: VD () Delete
Name: MURPHY, COLLEEN
Address: 1002 MEADOWOOD POINTE RD.
City-St-Zip: LAKELAND, FL 33811 US

Title: TD () Delete
Name: FREDEL, LARRY
Address: 1093 MEADOWOOD POINTE ROAD
City-St-Zip: LAKELAND, FL 33811 US

Title: SD () Delete
Name: BAMMANN, CHERYL
Address: 1007 MEADOWOOD POINTE RD.
City-St-Zip: LAKELAND, FL 33811

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:

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: LARRY FREDEL

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date