

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001373

FILED
Feb 20, 2005
Secretary of State

Entity Name: SEWALL'S MEADOW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

104 ABBIE COURT
SEWALL'S PT., FL 349966345

New Principal Place of Business:

Current Mailing Address:

104 ABBIE COURT
SEWALL'S PT., FL 349966345

New Mailing Address:

FEI Number: 65-0789653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSON, ROBERT A P.A.
310 WEST FIRST STREET
STUART, FL 34994 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: GUERARD, ELAINE
Address: 104 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 349966345

Title: V () Delete
Name: PITTIOS, LYNN
Address: 117 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL

Title: SD () Delete
Name: GUERARD, ROBERT
Address: 104 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 349966345

Title: T () Delete
Name: GIFFORD, SUSAN
Address: 103 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL

Title: D () Delete
Name: GIFFORD, CHARLES
Address: 103 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL

Title: D () Delete
Name: WILLIAMS, CRAIG
Address: 110 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL

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:

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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: ROBERT GUERARD

SD

02/20/2005

Electronic Signature of Signing Officer or Director

Date