


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005831 1. Entity Name THE BLUFFS OF DUNDEE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 310 HWY. 542 DUNDEE, FL 33838	Mailing Address 404 RIDGEWOOD AVENUE DUNDEE, FL 33838
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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3527123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEADOWS, WAYMON E 310 HWY. 542 DUNDEE, FL 33838	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

1000000355367
 05/03/05-80144-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEADOWS, WAYMON E
STREET ADDRESS	404 RIDGEWOOD AVE
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	VPD
NAME	MEADOWS, JULIA B
STREET ADDRESS	404 RIDGEWOOD AVE
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	SD
NAME	MEADOWS, KEVIN
STREET ADDRESS	10176 HART BRANCH CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #