2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005355

FILED Apr 23, 2005 Secretary of State

Entity Name: MERIDIAN HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

	rincipal Place	of Business:	New Principal Place	ce of Business:	
	RIDIAN POINTE I D, FL 33813	LANE			
Current N	/lailing Address	s:	New Mailing Addro	ess:	
	_				
	RIDIAN POINTE I D, FL 33813	_ANE			
El Number	r: 59-3567055	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
	RIDIAN POINTE	LANE US			
	e named entity si e of Florida.	ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	D () I WILLIAMS, WES 2808 MERIDIAN LAKELAND, FL	POINTE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle:		Delete	Title: Name:	() Change () Addition	
\ddress:	PREVATTE, ROI 2819 MERIDIAN LAKELAND, FL	POINTE LANE	Address: City-St-Zip:		
Address: Dity-St-Zip: Fitle: Name: Address:	2819 MERIDIAN LAKELAND, FL	POINTE LANE 33813 Delete E POINTE LANE	Address:	()Change ()Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	2819 MERIDIAN LAKELAND, FL D () I YOUNG, CAROL 2831 MERIDIAN LAKELAND, FL	POINTE LANE 33813 Delete E POINTE LANE 33813 Delete POINTE LANE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	2819 MERIDIAN LAKELAND, FL D () I YOUNG, CAROL 2831 MERIDIAN LAKELAND, FL SD () I BROCK, PATTI 2815 MERIDIAN LAKELAND, FL	POINTE LANE 33813 Delete E POINTE LANE 33813 Delete POINTE LANE 33813 Delete ROLYN POINTE LANE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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 FENICH T 04/23/2005