2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N98000005903

Entity Name: MEADOW RIDGE AT EAST LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3585402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
%SENTRY MANAGEMENT INC
2180 WEST SR 434 STE-5000
LONGWOOD, FL 32779 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: GRAHAM, GRIFFITH
Address: 3007 SVANNAH OAKS CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD ( ) Delete
Name: HAMILTON, WILLIAM
Address: 3008 SAVANNAH OAKS CIR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD ( ) Delete
Name: GOELLNER, CAROL ANN
Address: 3044 SAVANNAH OAKS CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAHAM, GRIFFITH
Address: 3007 SAVANNAH OAKS CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

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: GRIFFITH GRAHAM PD 04/12/2005

Electronic Signature of Signing Officer or Director — Date