

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000007332**

1. Entity Name  
**MEADOWOOD WEST HOMEOWNERS ASSOCIATION,  
INC.**



**Principal Place of Business**

**3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803**

**Mailing Address**

**3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3576639**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ADAMS, ROBERT J  
3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803**

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000475345  
04/05/06-80011-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ADAMS, D. JOEL
STREET ADDRESS	3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VD
NAME	ADAMS, ROBERT J
STREET ADDRESS	3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DST
NAME	WALSH, BRIAN J
STREET ADDRESS	3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**D. Joel Adams 2/21/06 863 6197103**

Date

Daytime Phone #