2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000534

FILED Feb 06, 2009 Secretary of State

Entity Name: ISLEBROOK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 436 WATERFORD WAY 600 N THACKER AVE. SUITE KISSIMMEE, FL 34746 A-23 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 436 WATERFORD WAY PO BOX 421769 KISSIMMEE, FL 34746 KISSIMMEE, FL 34742 FEI Number: 59-3616767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EAGLES MANAGEMENT CORP. EAGLES MANAGEMENT CORP. 436 WATEFORD WAY 600 N THACKER AVE. KISSIMMEE, FL 32824 US KISSIMMEE, FL 34741 US 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: IRACENA HERNANDEZ 02/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HERNANDEZ, BARBARA DAVIS, JOHN Name: Name: 14014 SANIBEL ISLE DRIVE Address: 1702 ISLEBROOK DR. Address: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: Title: () Delete () Change () Addition PENA, JUSTO Name: Name: Address: 1500 ANTIGUA BAY DRIVE Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBLING, DAVID Name: ROBLING, DAVID Name: 14125 ABACO ISLE DRIVE 14125 ABACO ISLE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 Title: () Delete Title: () Change () Addition Name: DAY, CHRISTIAN Name: 1503 ANTIGUA BAY DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: () Change (X) Addition SOTO, REBECCA Name: Name: 14129 ABACO ISLE DR. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IRACENA HERNANDEZ MANG 02/06/2009