

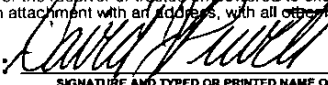


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90169 023 ****61.25

DOCUMENT # N99000007122					
1. Entity Name HERON BAY AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PMB 345, 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765 02			Mailing Address PMB 345, 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765 02		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">40053878</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03102006 Chg-NP CR2E037 (11/05) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3647426				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNSIDE, LILLY PMB 345, 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, DAVID			NAME	
STREET ADDRESS	1746 HERON BAY CR.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ERIC			NAME	
STREET ADDRESS	1730 WHITE HERON BAY CR.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFF, DANNY JR.			NAME	
STREET ADDRESS	1926 WHITE HERON BAY CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, JOE			NAME	
STREET ADDRESS	14002 HERON POND CT.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, FELIX			NAME	
STREET ADDRESS	14007 HERON POND CT.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Secretary Elizabeth Landgraf
STREET ADDRESS				STREET ADDRESS	1840 White Heron Bay Cr.
CITY-ST-ZIP				CITY-ST-ZIP	Orlando, FL 32824
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 officers and directors.					
SIGNATURE: 		David J. Privett		3/30/06 4074380453	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					