


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90405 012 ****61.25

DOCUMENT # N99000007496	
1. Entity Name MEADOW WOODS RESERVE HOMEOWNERS' ASSOCIATION, INC.	

40058784



Principal Place of Business PO BOX 1764 VALRICO, FL 33595-1764	Mailing Address PO BOX 1764 VALRICO, FL 33595-1764
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3705397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAMES, JUDITH L 325 SOUTH BOULEVARD TAMPA, FL 33606		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 _____
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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARTES, SHAWN PO BOX 1764 VALRICO, FL 335951764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Padgett D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Po Box 1764 Valrico FL 33595-1764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFONTAINE, PATRICIA PO 1764 VALRICO, FL 335951764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Preuss D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 1764 Valrico FL 33595-1764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURIFOY, STEVE PO BOX 1764 VALRICO, FL 335951764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elysia Ellickson D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 1764 Valrico FL 33595-1764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRICK, PATRICK PO BOX 1764 VALRICO, FL 335951764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fearick, Patrick D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 1764 Valrico FL 33595-1764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEN, SUSAN PO BOX 1764 VALRICO, FL 335951764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan Whalen 4-15-06 812-657-3489

Signature and typed or printed name of signing officer or director Date Daytime Phone #