

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119066

FILED  
May 26, 2009  
Secretary of State

Entity Name: MEADOWS OF FLORIDA LAND SALES, INC.

## Current Principal Place of Business:

9600 W. SAMPLE RD., #401  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

7362 GREENPORT COVE  
BOYNTONBEACH  
BOYNTONBEACH, FL 33437 US

## Current Mailing Address:

9600 W. SAMPLE RD., #401  
CORAL SPRINGS, FL 33065

## New Mailing Address:

7362 GREENPORT COVE  
BOYNTONBEACH  
BOYNTONBEACH, FL 33437 US

FEI Number: 20-1499212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARPE, NEVILLE  
9600 W. SAMPLE RD., #401  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

SHARPE, NEVILLE  
7362 GREENPORT COVE  
BOYNTONBEACH, FL 33437 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: NSHARPE

05/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHARPE, NEVILLE  
Address: 9600 W. SAMPLE RD., #401  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: SHARPE, MARIE  
Address: 9600 W. SAMPLE RD., #401  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete  
Name: SHARPE, SHADA  
Address: 9600 W. SAMPLE RD., #401  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHARPE, NEVILLE  
Address: 7362 GREENPORT COVE  
City-St-Zip: BOYNTONBEACH, FL 33437 US

Title: VP (X) Change ( ) Addition  
Name: SHARPE, MARIE  
Address: 7362 GREENPORT COVE  
City-St-Zip: BOYNTONBEACH, FL 33437 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NSHARPE

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date