

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000013849



1. Entity Name
PICERNE MEADOW RIDGE SENIOR APARTMENTS
ASSOCIATES, INC.

Principal Place of Business		Mailing Address				
247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714		247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
COSTOLO, W. TERRY 215 NORTH EOLA DR. ORLANDO, FL 32801				Name RICHARD J. FILDES		
				Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE		
				City ORLANDO	FL	Zip Code 32810

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

RICHARD J. FILDES

4/29/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PICERNE, ROBERT M. 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PICERNE, ROBERT M. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, DWAYNE 247 N WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ERICH, JACK W 247 N WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HEFLINGER, JAN C. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 607, 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:

Jan C. Heflinger

4/26/05

Date

Daytime Phone #

ROBERT M. PICERNE, PRESIDENT

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90976 038 ***150.00



02152005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3492281	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required