2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90304 041 ****61.25

DOCUMENT # 742302

1. Entity Name
MICCOSUKEE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12904 P O BOX 12904 TALLAHASSEE, FL 32317 US	P.O. BOX 12904 TALLAHASSEE, FL 32317 US

04182005 Chg-NP CR2E037 (10/03)

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

4. FEI Number 59-2375273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVLOV & ANDERSON 411 W CALHOUN STREET TALLAHASSEE, FL 32301	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, 2005

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	VPD BROWNING, GEORGETTA R VPD 4527 ARGYLE LANE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Leslie Mason 4528 Argyle Lane Tallahassee, FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SESPICO, HARRIET M TD 4444 ARGYLE LANE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Harriet Sespico 4444 Argyle Lane Tallahassee, FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DANDRIA, CAROLYN SD 4474 ARGYLE LANE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary David Mason 4528 Argyle Lane Tallahassee, FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHUESSLER, DAVID K PD 4475 ARGYLE LANE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Neil Hewitt 4443 Argyle Lane Tallahassee, FL 32309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: Harriet Sespico Harriet Sespico 4-18-05 850-413-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #