

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742302

FILED
Apr 29, 2008
Secretary of State

Entity Name: MICCOSUKEE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ARGYLE LANE
ARGYLE LANE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

ARGYLE LANE
ARGYLE LANE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

P.O. BOX 12904
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2375273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAVLOV & ANDERSON
411 W CALHOUN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, LESLIE
Address: 4527 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: SCHUKNECHT, RANDI
Address: 4407 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: MASON, DAVID
Address: 4528 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: HEWITT, NELL
Address: 4443 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NICKLAUS, MIRIAM
Address: 4482 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

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

SIGNATURE: NELL HEWITT

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date