

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007764

FILED
Apr 27, 2005
Secretary of State

Entity Name: MEADOW POINTE III HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O DEVCO IV, L.L.C.
15436 N. FLORIDA AVE., SUITE 200
TAMPA, FL 33613

New Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

3434 COLWELL AVE
STE 200
TAMPA, FL 33614

New Mailing Address:

FEI Number: 74-3032481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE., STE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 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: WILLIAM J. RIZZETTA 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BUCK, DONALD A
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: TOBORG, JOHN
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: PD () Delete
Name: SIFFORD, MARK A
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK SIFFORD PD 04/27/2005

Electronic Signature of Signing Officer or Director Date