

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90513 037 ****61.25

DOCUMENT # N01000007764



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

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

Mailing Address
C/O DEVCO III, LLC
15436 N. FLORIDA AVE., SUITE 200
TAMPA FL 33613



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address 3434 Colwell Avenue		4. FEI Number 74-3032481	Applied For
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			Not Applicable
City & State Tampa FL		City & State Tampa FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33614	Country US	Zip 33614	Country US		

6. Name and Address of Current Registered Agent STRALEY, MARK K 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Pete Williams Street Address (P.O. Box Number is Not Acceptable) 3434 Colwell Avenue Suite 200 Tampa FL 33614	
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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]* DATE **4/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, DONALD A 15436 N. FLORIDA AVE. SUITE 200 TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, CRAIG B 15436 N. FLORIDA AVE. SUITE 200 TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLINGTON, MARGO 15436 N. FLORIDA AVE. SUITE 200 TAMPA FL 33613 <input checked="" type="checkbox"/> Delete	TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *[Signature]* **SIGNATURE REQUIRED**

4-22-03

CR2E037 (10/02)