

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 15, 2009  
Secretary of State**

DOCUMENT# N93000001699

Entity Name: MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

3801 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815

**New Principal Place of Business:**

80 PRITCHARD STREET  
LAKELAND, FL 33815

**Current Mailing Address:**

3801 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GLASS, JOANN J  
168 CASBIAR ST  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

MORGAN, MARCIA E  
80 PRITCHARD STREET  
LAKELAND, FL 33815 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: MARCIA MORGAN

11/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, DEAN  
Address: 195 GOBER STREET  
City-St-Zip: LAKELAND, FL 33815 US

Title: VP ( ) Delete  
Name: ULATOWSKI, BARBARA  
Address: 114 TODD STREET  
City-St-Zip: LAKELAND, FL 33815 US

Title: VP ( ) Delete  
Name: GAUNT, DALE  
Address: 155 COLTON ST  
City-St-Zip: LAKELAND, FL 33815 US

Title: T ( ) Delete  
Name: GLASS, JOANN  
Address: 168 CASBIER STREET  
City-St-Zip: LAKELAND, FL 33815 US

Title: S ( ) Delete  
Name: ELLES, THELMA  
Address: 144 COLTON ST  
City-St-Zip: LAKELAND, FL 33815 US

Title: D ( ) Delete  
Name: PILON, ANDRE  
Address: 76 PRITCHARD STREET  
City-St-Zip: LAKELAND, FL 33815 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, DEAN  
Address: 194 GOBER STREET  
City-St-Zip: LAKELAND, FL 33815 US

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

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

Title: T (X) Change ( ) Addition  
Name: MORGAN, MARCIA  
Address: 80 PRITCHARD ST  
City-St-Zip: LAKELAND, FL 33815 US

Title: S (X) Change ( ) Addition  
Name: WAWRZYNIAKOWSKI, RAE MARIE  
Address: 152 COLTON ST  
City-St-Zip: LAKELAND, FL 33815 US

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: DEAN WILLIAMS

PRES

11/15/2009

Electronic Signature of Signing Officer or Director

Date