


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003472**

1. Entry Name  
 MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.



Principal Place of Business P.O. BOX 1453 ANTHONY, FL 32617-1453 US	Mailing Address P.O. BOX 1453 ANTHONY, FL 32617-1453 US
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**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3340990	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Req.

6. Name and Address of Current Registered Agent

CROTHERS, HOWARD E.  
 1283 NE 120TH STREET  
 OCALA, FL 34479

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

000000110655  
 04/12/04-80092-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROTHERS, HOWARD 1283 NE 120TH STREET OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERAS, GILL 99 NW 117TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMANN, KEN 865 NE 122ND ST OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROTHERS, ANNA 1283 NE 120TH ST OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENNING, WM. CLARK 12049 NE 8TH CT. OCALA, FL 344791046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, LAUREEN 12009 NE 8TH COURT OCALA, FL

**DO NOT WRITE IN THIS SPACE**

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: HOWARD E. CROTHERS *Howard E. Crothers* 4/6/04 352-840-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #