


**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90021 040 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N95000003472**

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>12009 NE 8 CT</b> Suite, Apt. #, etc.
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City & State <b>OCALA, FL</b>	City & State <b>OCALA, FL</b>
Zip <b>34479</b>	Country <b>USA</b>



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3340990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FORD, LAUREEN  
 12009 NE 8TH COURT  
 OCALA, FL 34479

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete	NAME DAILEY, HUGH
STREET ADDRESS	12454 NE 14 AVE		
CITY-ST-ZIP	ANTHONY, FL 32617		
TITLE	D	<input type="checkbox"/> Delete	NAME NORTON, HUBERT
STREET ADDRESS	12091 NE 10 TERR		
CITY-ST-ZIP	OCALA, FL 34479		
TITLE	D	<input type="checkbox"/> Delete	NAME HAMANN, KEN
STREET ADDRESS	865 NE 122 ST		
CITY-ST-ZIP	OCALA, FL 34479		
TITLE	DT	<input type="checkbox"/> Delete	NAME ROCCHI, GERALD
STREET ADDRESS	1290 NE 120 ST		
CITY-ST-ZIP	OCALA, FL 34479		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	NAME HENNING, WM. CLARK
STREET ADDRESS	12049 NE 8 CT		
CITY-ST-ZIP	OCALA, FL 344791046		
TITLE	DP	<input type="checkbox"/> Delete	NAME FORD, LAUREEN
STREET ADDRESS	12009 NE 8 CT		
CITY-ST-ZIP	OCALA, FL		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>GERRY GUTMAN</b>
STREET ADDRESS			<b>800 NE 120 PL.</b>
CITY-ST-ZIP			<b>OCALA, FL 34479</b>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Laureen Ford **LAUREEN FORD, Pres.** 1/26/06 (352) 629-1427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #