

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/23/2004-90014-045-\$8.75-\$8.75

DOCUMENT # N98000002973 1. Entity Name MEADOWS OF CITRUS COUNTY HOMEOWNERS' ASSOCIATION, INC.				 <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">FILED</div> <div style="position: absolute; bottom: 0; left: 0; transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">APR -6 AM 8:31</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-15deg); font-weight: bold; font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1795 N. FLORIDA AVE. HERNANDO FL 34442		Mailing Address 1795 N. FLORIDA AVE. HERNANDO FL 34442			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3551802 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent LAFOND, PAUL 10374 N. NATCHEZ LOOP DUNNELLON FL 34434			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAFOND, PAUL		NAME	100032249031	
STREET ADDRESS	10374 N. NATCHEZ LOOP		STREET ADDRESS	04/09/04--01003--021 **52.50	
CITY- ST- ZIP	DUNNELLON FL 34434		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAFOND, GERALD		NAME		
STREET ADDRESS	10374 N. NATCHEZ LOOP		STREET ADDRESS		
CITY- ST- ZIP	DUNNELLON FL 34434		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, ROBERT		NAME		
STREET ADDRESS	6620 WEST PELICAN LANE		STREET ADDRESS		
CITY- ST- ZIP	HOMOSASSA FL 34448		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:			2-20-04 352-860-2044 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		