## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003026

FILED Apr 10, 2008 Secretary of State

Entity Name: MEADOWFIELD OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

463499 STATE ROAD 200 463499 SR 200

YULEE, FL 32097 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

PO BOX 1987 PO BOX 1987

YULEE, FL 320411987 YULEE, FL 320411987 US

FEI Number: 59-3575554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200 PROPERTY MANAGEMENT SYSTEMS INC 463499 SR 200

YULEE, FL 32097 US YULEE, FL 32097 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: TERRELL J POWELL 04/10/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CAREY, JIM Name: KOSTECKI, WILLARD
Address: 86114 RIVERWOOD DRIVE Address: 86608 MEADOWWOOD DRIVE

City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 US

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

 Name:
 Name:
 TAYLOR, RONALD J

 Address:
 Address:
 86795 RIVERWOOD DRIVE

 City-St-Zip:
 City-St-Zip:
 YULEE, FL 32097 US

Title: ( ) Delete Title: STD ( ) Change (X) Addition

 Name:
 Name:
 BARGER, KRISTINE

 Address:
 Address:
 86440 MEADOWWOOD DRIVE

 City-St-Zip:
 City-St-Zip:
 YULEE, FL 32097 US

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: TERRELL J POWELL RA 04/10/2008