

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001386

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: MEADOW OAKS HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

PMB 345  
4250 ALAFAYA TRAIL, SUITE 212  
OVIDEA, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

PMB 345  
4250 ALAFAYA TRAIL, SUITE 212  
OVIDEA, FL 32765

## New Mailing Address:

FEI Number: 59-3639496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNSIDE, LILLY  
RELIABLE PROPERTY MANAGERS  
PMB 345, 4250 ALAFAYA TRAIL, SUITE 212  
OVIDEA, FL 32765 US

## Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS  
4250 ALAFAYA TRAIL  
SUITE 212-345  
OVIDEA, FL 32765 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: CURTIS BURNSIDE

04/06/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: MACDOUGALL, GREGORY  
Address: 1599 WOODWIND DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: HARWOOD, JAMES  
Address: 1362 WOODWIND DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: ST ( ) Delete  
Name: ADAMS, PATRICIA  
Address: 1602 WOODSTONE DR  
City-St-Zip: APOPKA, FL 32703

Title: P ( ) Delete  
Name: HOWARD, KARRIE  
Address: 1570 PALMSTONE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: CHARBONEAU, LINDSEY  
Address: 1572 WOODSTONE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: HUTCHINSON, STEVE  
Address: 1392 WOODWIND DR  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: TORRES, EDITH  
Address: 1545 WOODWIND DRIVE  
City-St-Zip: APOPKA, FL 32703

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KARRIE HOWARD

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date