

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000186

FILED
Apr 11, 2007
Secretary of State

Entity Name: THREE MEADOWS PHASE III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1204 WALNUT GROVE WY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1208 WINDING MEADOWS RD
ROCKLEDGE, FL 32955 US

Current Mailing Address:

P O BOX 561436
ROCKLEDGE, FL 329561436 US

New Mailing Address:

FEI Number: 59-3232752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEWIS, MICHAEL
1204 WALNUT GROVE WY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

WISE, MICALYNN
1208 WINDING MEADOWS RD
ROCKLEDGE, FL 32955 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: MICALYNN WISE

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, MICHAEL
Address: 1204 WALNUT GROVEWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: LEWIS, IRVIN
Address: 1195 WALNUT GROVEWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: MOSS, GARY
Address: 1205 WALNUT GROVEWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Delete
Name: LOHMAN, GARY
Address: 1228 MEADOW LAKE ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: RAY, DALE
Address: 1208 WALNUT GROVEWAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, IRVING
Address: 1195 WALNUT GROVE WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD (X) Change () Addition
Name: MC MAHON, LISA P
Address: 1257 WINDING MEADOWS RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change () Addition
Name: WISE, MICALYNN
Address: 1208 WINDING MEADOWS RD
City-St-Zip: ROCKLEDGE, FL 32955

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

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: MICALYNN WISE

TD

04/11/2007

Electronic Signature of Signing Officer or Director

Date