| I hereby 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 all other like empowered. |

SIGNATURE: KARRIE HOWARD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0000001386

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

Current Principal Place of Business:

1570 PALMSTONE DR. APOPKA, FL 32703

Current Mailing Address:

MEADOW OAKS HOA P.O. BOX 2328 APOPKA, FL 32704

FEI Number: 59-3639496

Name and Address of Current Registered Agent:

HOWARD, KARRIE 1570 PALMSTONE DR. APOPKA, FL 32703 US Certificate of Status Desired: Yes

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 | KARRIE HOWARD | | | 10/23/2015 | |
|---------------------------|--|-----------------|---------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | Т | Title | ST | | |
| Name | MACDOUGALL, GREGORY | Name | ADAMS, PATRICIA | | |
| Address | 1599 WOODWIND DRIVE | Address | 1602 WOODSTONE DR | | |
| City-State-Zip: | APOPKA FL 32703 | City-State-Zip: | APOPKA FL 32703 | | |
| Title | Ρ | Title | VP | | |
| Name | HOWARD, KARRIE | Name | TORRES, EDITH | | |
| Address | 1570 PALMSTONE DRIVE | Address | 1545 WOODWIND DRIVE | | |
| City-State-Zip: | APOPKA FL 32703 | City-State-Zip: | APOPKA FL 32703 | | |

PRESIDENT

10/23/2015 Date

FILED Oct 23, 2015 Secretary of State CR0355433287