

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003925

**Entity Name:** MEADOWS OF ASTATULA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC1348908344**

**Current Principal Place of Business:**

25115 ALAMANDA DRIVE  
ASTATULA, FL 34705

**Current Mailing Address:**

P. O. BOX 492228  
LEESBURG, FL 34749

**FEI Number: 27-0057103**

**Certificate of Status Desired: No**

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

HOMICH, JAMES L ESQ.  
621 E. FIFTH AVENUE  
MOUNT DORA, FL 32757 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FISCHER, ALBERT  
Address        25116 ALAMANDA DRIVE  
City-State-Zip: ASTATULA FL 34705

Title            TREASURER, DIRECTOR  
Name            TAYLOR, GEORGE  
Address        14204 MISTLETOE LANE  
City-State-Zip: ASTATULA FL 34705

Title            VP, DIRECTOR  
Name            MCFERRIN, KENNETH  
Address        14207 TILLANDSIA WAY  
City-State-Zip: ASTATULA FL 34705

Title            SECRETARY, DIRECTOR  
Name            MINGER, JOHN B  
Address        25012 BEGONIA COURT  
City-State-Zip: ASTATULA FL 34705

Title            DIRECTOR  
Name            MAYER, SALLY  
Address        25105 SPANISH MOSS CIRCLE  
City-State-Zip: ASTATULA FL 34705

*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: ALBERT FISCHER**

**PRESIDENT**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date