

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000003925

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

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

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

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

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

Title TREASURER, DIRECTOR  
Name DONADO-FRIEDLINE, MONICA  
Address 14036 ROYAL FERN WAY  
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: KENNETH MCFERRIN**

**PRESIDENT**

**09/11/2018**

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

\_\_\_\_\_  
Date