

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011307

**Entity Name:** THE RESERVE AT MEADOW OAKS PROEPRTY OWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 06, 2013**  
**Secretary of State**  
**CC4524888277**

**Current Principal Place of Business:**

9400 RIVER CROSSING BLVD  
SUITE 104  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

P.O. BOX 2108  
ELFERS, FL 34680

**FEI Number: 20-4401930**

**Certificate of Status Desired: No**

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

GIRARDI, JAIME P  
8801 RIVER CROSSING BLVD  
NEW PORT RICHEY, FL 34655 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 DP  
Name GIRARDI, JAIME P  
Address 9400 RIVER CROSSING BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DV  
Name HUDSON, JOSEPH  
Address 9400 RIVER CROSSING BLVD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DST  
Name DIETERS, STEPHANIE D  
Address 9400 RIVER CROSSING BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

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: JAIME GIRARDI**

**PRESIDENT**

**04/06/2013**

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

\_\_\_\_\_  
Date