

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732373

FILED  
Jun 14, 2007  
Secretary of State

**Entity Name:** MEADOW WOOD FARMS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 77-1896  
OCALA, FL 34477

**New Principal Place of Business:**

31 NEEDLES DR.  
OCALA, FL 34482

**Current Mailing Address:**

P.O. BOX 77-1896  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 59-1914575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDERSON, PATRICIA  
8 WAGON WHEEL WAY  
OCALA, FL 34482    US

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

BAIN, JAMES S  
31 NEEDLES DR.  
OCALA, FL 34482    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: JAMES S. BAIN

06/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ANDERSON, PATRICIA  
Address: 8 WAGON WHEEL WAY  
City-St-Zip: Ocala, FL 34482

Title: VD      ( ) Delete  
Name: WILSON, CHERYL  
Address: 36 LAKE VIEW DRIVE WEST  
City-St-Zip: Ocala, FL 34482

Title: SD      ( ) Delete  
Name: MULRIGAN, LOIS  
Address: 18 NASHUA WAY  
City-St-Zip: Ocala, FL 34482

Title: TD      ( ) Delete  
Name: KIMBALL, ANTIONETTE  
Address: 10 NEVER BEND DR.  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: BAIN, JAMES S  
Address: 31 NEEDLES DR.  
City-St-Zip: Ocala, FL 34482

Title: VP      (X) Change ( ) Addition  
Name: WILSON, CHERYL  
Address: 36 LAKE VIEW DRIVE WEST  
City-St-Zip: Ocala, FL 34482

Title: SEC      (X) Change ( ) Addition  
Name: ANDERSON, PATRICIA W  
Address: 8 WAGON WHEEL WAY  
City-St-Zip: Ocala, FL 34482

Title: TRES      (X) Change ( ) Addition  
Name: ZAMASTIL, BETTIE  
Address: 22 CARRY BACK RD.  
City-St-Zip: Ocala, FL 34482

I hereby certify that the information supplied with this filing does not qualify 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: JAMES S. BAIN

PRES

06/14/2007

Electronic Signature of Signing Officer or Director

Date