

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732373

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

31 NEEDLES DR.
OCALA, FL 34482

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BAIN, JAMES S
Address: 31 NEEDLES DR.
City-St-Zip: OCALA, FL 34482

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

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

Title: TRES () Delete
Name: WOODROME, RICHARD
Address: 44 NEVERBEND DR.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALLER, STEVEN
Address: 17 NORTHERN DANCER DR
City-St-Zip: OCALA, FL 34482

Title: SEC (X) Change () Addition
Name: STORY, CONSTANCE
Address: 18 NEEDLES DR
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/21/2009

Electronic Signature of Signing Officer or Director

Date