

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732373

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

17 NORTHERN DANCER DR.  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 77-1896  
OCALA, FL 34447 US

**FEI Number:** 59-1914575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLER, STEVEN A  
17 NORTHERN DANCER 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  
Name: WALLER, STEVEN A  
Address: 17 NORTHERN DANCER DR.  
City-St-Zip: Ocala, FL 34482

Title: VP  
Name: VAN VORST, LUCRETIA  
Address: 15 NORTHERN DANCER DR  
City-St-Zip: Ocala, FL 34482

Title: SEC  
Name: STORY, CONSTANCE  
Address: 18 NEEDLES DR  
City-St-Zip: Ocala, FL 34482

Title: TRES  
Name: WOODROME, RICHARD  
Address: 44 NEVERBEND DR.  
City-St-Zip: Ocala, FL 34482

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:** STEVEN A. WALLER

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date