

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735441

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE MEADOWS COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2004 LONGMEADOW
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

2004 LONGMEADOW
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 59-1694428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLY, LEONARD
2004 LONGMEADOW
SARASOTA, FL 34235 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: PD () Delete
Name: FORTIN, ERNEST V
Address: 4574 HIGHLAND OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34235 US

Title: VD () Delete
Name: SAWYER, J. ANTHONY
Address: 4927 WATERBRIDGE DOWN
City-St-Zip: SARASOTA, FL 34235 US

Title: TD () Delete
Name: SCHWARZKOPF, JEROME
Address: 3080 HIGHLANDS BRIDGE ROAD
City-St-Zip: SARASOTA, FL 34235 US

Title: SD () Delete
Name: BORCHERS, MAXINE
Address: 3408 HIGHLANDS BRIDGE RD
City-St-Zip: SARASOTA, FL 34235 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATHLEEN GIBSON

MRS.

04/24/2008

Electronic Signature of Signing Officer or Director

Date