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Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90199 047 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 737752

1. Entity Name
MEADOWS OF KANAPAHA OWNERSHIP ASSOCIATION, INC.

40081578

Principal Place of Business	Mailing Address
5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653 US	5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653 US

04192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2913078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RHINESMITH, PATRICIA C/O BOSSHARDT PROPERTY MGT. 5522 - B NW 43RD ST. GAINESVILLE, FL 32653	Name: CAROL A MORALES Street Address (P.O. Box Number is Not Acceptable): C/O BOSSHARDT PROPERTY MANAGEMENT INC 5522-B NW 43ST. City: GAINESVILLE FL Zip Code: 32653

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carol A Morales CAROL A. MORALES 4-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PRAGER, JOE 9409 SW 81ST WAY GAINESVILLE, FL 32608	☐ Delete	P JOE PRAGER 9409 SW 81 WAY GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, ANN 9210 SW 129TH ST ARCHER, FL 32618	☐ Delete	T ANN HILL 8456 SW 89 LANE GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALT, JUDD 7630 SW 90TH LANE GAINESVILLE, FL 32608	☒ Delete	VP PAM DUGLE 9515 SW 84 ST. GAINESVILLE, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVENPORT, PAUL 7928 SW 90TH LN GAINESVILLE, FL 32608	☐ Delete	D PAUL DAVENPORT 7728 SW 90 LANE GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCAFEE, DONALD 7915 SW 99 LANE GAINSVILLE, FL 32608	☐ Delete	S DONALD MCAFEE 7915 SW 99 LANE GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph S Prager 4-17-2007 352-495-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #