

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2009
Secretary of State**

DOCUMENT# 745376

Entity Name: THE VILLAS AT THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3107 LONGMEADOW
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

5326 CHARMES COURT
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 59-1891296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKOLSON, DON
5326 CHARMES COURT
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: D () Delete
Name: KING, BOB,
Address: 16 CASTLEREAH ST
City-St-Zip: BELFAST, IR

Title: D () Delete
Name: MCLAUGHLIN, TOM
Address: 3425 HIGHLANDS BRIDGE ROAD
City-St-Zip: SARASOTA, FL 34235

Title: DP () Delete
Name: HYLAND, JIM,
Address: 3121 LONGMEADOW
City-St-Zip: SARASOTA, FL 34235

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:

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 HYLAND

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date