
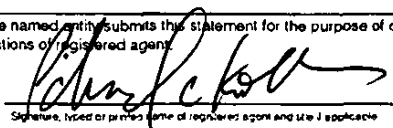
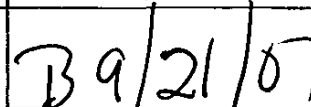
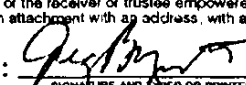


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/10/2007-90048-019-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 10:16

DOCUMENT # 751249			
1. Entity Name THE MEADOWS OF TARPON WOODS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3358 TANGLEWOOD TRAIL PALM HARBOR, FL 34685		Mailing Address 3358 TANGLEWOOD TRAIL PALM HARBOR, FL 34685	
2. Principal Place of Business - No P.O. Box # 3358		3. Mailing Address 3268 Tanglewood Tr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip	Country
34685	USA	34685	USA
6. Name and Address of Current Registered Agent BRYANT, GREG 3055 BOLT DR PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name KOLB, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3268 Tanglewood Trail City Palm Harbor FL Zip Code 34685	
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  Signature, typed or printed name of registered agent and title if applicable		TREASURER 9/13/07 DATE	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAINTER, ROBERT E 3023 BOLT DRIVE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYANT, GREG 3055 BOLT DR PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, GREG 3055 BOLT DR. PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, JACK 3071 BOLT DRIVE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRESTON, DON 3310 TANGLEWOOD TR PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'AVANZO, SUSAN 3222 TANGLEWOOD TRAIL PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 B 9/21/07 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLB, RICHARD 3268 Tanglewood Trail Palm Harbor FL 34685 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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 517, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/7/07 727-785-5624 Date Deletion Phone #	



08072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2213622 Applied For
Not Applicable

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

9/13/07

8/7/07

727-785-5624