


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 026 ****61.25

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 3268 TANGLEWOOD TR. PALM HARBOR, FL 34685 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3311 Tanglewood Trl. Suite, Apt. #, etc.	
City & State Zip		City & State Palm Harbor, FL Zip 34685	
Country USA		4. FEI Number 59-2213622	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOLB, RICHARD 3268 TANGLEWOOD TRAIL PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Hill, Emily Street Address (P.O. Box Number is Not Acceptable) 3311 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 Emily R Hill <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Emily Hill, treasurer <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4/16/2008 <small>DATE</small>		Filing Fee is \$61.25 Due by May 1, 2008	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP PAINTER, ROBERT E 3023 BOLT DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, GREG 3055 BOLT DR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	<input 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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLB, RICHARD 3268 TANGLEWOOD TRAIL PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hill, Emily 3311 Tanglewood Trl. Palm Harbor, FL 34685	<input 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 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: Emily R Hill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Emily Hill <small>DATE</small>	
DATE 4/16/2008		Daytime Phone # 727.786.6450	