

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766324

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** MEADOWLAND OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4324 MEADOWLAND CIRCLE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21382  
SARASOTA, FL 34276

**New Mailing Address:**

**FEI Number:** 59-2281280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINELL, MICHAEL  
4324 MEADOWLAND CIRCLE  
SARASOTA, FL 34233 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  
Name: HARTMAN, DAVE  
Address: 4302 MEADOWLAND CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: TD  
Name: RINELL, MICHAEL  
Address: 4324 MEADOWLAND CIR  
City-St-Zip: SARASOTA, FL 34233

Title: VP  
Name: SUCH, CHUCK  
Address: 4339 MEADOWLAND CR.  
City-St-Zip: SARASOTA, FL 34233

Title: SC  
Name: TWEED, MICHAEL  
Address: 4348 MEADOWLAND CR.  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: SMITH, JEREMY  
Address: 4346 MEADOWLAND CR.  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: SCHAEFFER, BOB  
Address: 4359 MEADOWLAND CR.  
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL RINELL

TD

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date