2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# 766743

Entity Name: MEADOWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3001 JOHNSTON ROAD
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

3001 JOHNSTON ROAD
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 65-0138691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACH, SAX, CAPLAN
1850 SW FOUNTAINVIEW BLVD.
STE 207
PORT ST LUCIE, FL 34986 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: T
Name: CUMMINGS, RITA
Address: 3001 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34946

Title: P
Name: LIKENS, WARREN
Address: 3001 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: P
Name: MINOTTY, JOE
Address: 3001 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: S
Name: BRUCKER, GAY
Address: 3001 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: VP
Name: GALANIS, SONJA
Address: 3001 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: AT/S
Name: SIME, GREG
Address: 9516 SHADOW LANE
City-St-Zip: FORT PIERCE, FL 34951

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: WARREN LIKENS P 04/09/2012

Electronic Signature of Signing Officer or Director Date