

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001109

FILED
Apr 20, 2004
Secretary of State**Entity Name:** MEADOWBROOK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**778 LUPINE LN.
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**778 LUPINE LN.
TALLAHASSEE, FL 32308**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAWTHON, SARAH
778 LUPINE LN.
TALLAHASSEE, FL 32308**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: P () Delete
Name: JEPSON, LANCE
Address: 762 LUPINE LANE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: V () Delete
Name: SULKAS, AL
Address: 2397 WINTERGREEN ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T () Delete
Name: BROWN, NETTIE
Address: 755 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S/D (X) Delete
Name: OBERHARDT, DORIS
Address: 2300 ASTER WAY
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: D () Delete
Name: GEORGE, LIZ
Address: 759 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Delete
Name: MAXWELL, THOMAS
Address: 2428 BASSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: LANCE JEPSON

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date