2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: POINT MEADOWS WEST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10175 FORTUNE PKWY., UNIT 702
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PKWY., UNIT 702
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3671103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, CHARLES W
SKINNERS WHOLESALE NURSEY, INC.
10175 FORTUNE PARKWAY #1100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SKINNER, CHARLES W
SKINNERS WHOLESALE NURSEY, INC.
10175 FORTUNE PARKWAY #1101
JACKSONVILLE, FL 32256 US

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: CHARLES W. SKINNER 04/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SKINNER, BRYANT B JR
Address: 10175 FORTUNE PKWY., UNIT 702
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SKINNER, RUSSELL R
Address: 10175 FORTUNE PKWY., UNIT 702
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SKINNER, CHARLES W
Address: 10175 FORTUNE PKWY., UNIT 1101
City-St-Zip: JACKSONVILLE, FL 32256

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: RUSSELL R SKINNER D 04/28/2011
Electronic Signature of Signing Officer or Director Date