

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001386

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** MEADOW OAKS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1570 PALMSTONE DR.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

MEADOW OAKS HOA  
P.O. BOX 2328  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:** 59-3639496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, KARRIE  
1570 PALMSTONE DR.  
APOPKA, FL 32703 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:** GREGORY A.J. MACDOUGALL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** MACDOUGALL, GREGORY  
**Address:** 1599 WOODWIND DRIVE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** VP  
**Name:** FAULKER, BARBARA  
**Address:** 1560 WOODSTONE DRIVE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** ST  
**Name:** ADAMS, PATRICIA  
**Address:** 1602 WOODSTONE DR  
**City-St-Zip:** APOPKA, FL 32703

**Title:** P  
**Name:** HOWARD, KARRIE  
**Address:** 1570 PALMSTONE DRIVE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** D  
**Name:** TORRES, EDITH  
**Address:** 1545 WOODWIND DRIVE  
**City-St-Zip:** APOPKA, FL 32703

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:** GREGORY A.J. MACDOUGALL

TREA

01/31/2011

Electronic Signature of Signing Officer or Director

Date