

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 043 ****70.00

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1. Entity Name

MEADOW WOOD TRAILS OWNERS' ASSOCIATION, INC.



Principal Place of Business

4450 SW 53RD PLACE
TRENTON FL 32693

Mailing Address

4450 SW 53RD PLACE
TRENTON FL 32693

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634633

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

TOWERS, TERRIE
4450 SW 53RD PLACE
TRENTON FL 32693

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when registering)

DATE

Terrie Towers **TERRIE TOWERS president**

1/26/08

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME GEORGE, WILLIAM
STREET ADDRESS 4300 SW 53RD PLACE
CITY- ST- ZIP TRENTON FL 32693

TITLE DVPT ☐ Delete
NAME TOWERS, RICHARD W
STREET ADDRESS 4450 SW 53RD PLACE
CITY- ST- ZIP TRENTON FL 32693

TITLE DPT ☐ Delete
NAME TOWERS, RICHARD W
STREET ADDRESS 4450 SW 53RD PLACE
CITY- ST- ZIP TRENTON FL 32693

TITLE BOD ☐ Delete
NAME STOVEIL, CYNTHIA
STREET ADDRESS 6795 WEST CALVARY CIR
CITY- ST- ZIP LAKE WORTH FL 33467

TITLE BOD ☐ Delete
NAME DOYLE, ROBERT
STREET ADDRESS 4250 53RD PLACE
CITY- ST- ZIP TRENTON FL 32693

TITLE BOD ☐ Delete
NAME ARCURI, JENNIFER
STREET ADDRESS 5010 KING ARTHUR AVE
CITY- ST- ZIP DAVIE FL 33331

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME TERRIE L. TOWERS
STREET ADDRESS 4450 SW 53RD PLACE
CITY- ST- ZIP TRENTON FL 32693

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrie Towers **TERRIE TOWERS**

1/26/08 352-463-1444