

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001900

FILED
Feb 18, 2009
Secretary of State

Entity Name: MEADOW WOOD TRAILS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4450 SW 53RD PLACE
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

4450 SW 53RD PLACE
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3634633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWERS, TERRIE
4450 SW 53RD PLACE
TRENTON, FL 32693 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: VP () Delete
Name: GEORGE, WILLIAM
Address: 4300 SW 53RD PLACE
City-St-Zip: TRENTON, FL 32693

Title: DVPT () Delete
Name: TOWERS, RICHARD W
Address: 4450 SW 53RD PLACE
City-St-Zip: TRENTON, FL 32693

Title: DPT () Delete
Name: TOWERS, RICHARD W
Address: 4450 SW 53RD PLACE
City-St-Zip: TRENTON, FL 32693

Title: BOD () Delete
Name: STOVEIL, CYNTHIA
Address: 6795 WEST CALVARY CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: BOD () Delete
Name: DOYLE, ROBERT
Address: 4250 53RD PLACE
City-St-Zip: TRENTON, FL 32693

Title: BOD () Delete
Name: ARCURI, JENNIFER
Address: 5010 KING ARTHUR AVE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SCHOFIELD, CHAD
Address: 4300 SW 53RD PLACE
City-St-Zip: TRENTON, FL 32693

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

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

Title: BOD (X) Change () Addition
Name: JOHNSON, BEVERLEY
Address: 4200 SW 53RD PLACE
City-St-Zip: TRENTON, FL 32693

Title: BOD (X) Change () Addition
Name: ACCURI, JENNIFER
Address: 5010 KING ARTHUR AVE
City-St-Zip: DAVIE, FL 33331

Title: BOD (X) Change () Addition
Name: WILLIAMS, LORI
Address: PO BOX 1332
City-St-Zip: TRENTON, FL 32693

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TERRIE TOWERS

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date