

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002801

FILED
Mar 24, 2009
Secretary of State

Entity Name: MEADOW POINTE ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3641519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 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: PD () Delete
Name: BEAL, WILLIAM P
Address: 10262 WOOD DR WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: 1VD () Delete
Name: GANCI, JAMES
Address: 10136 MEADOW POINTE DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: 2VD () Delete
Name: BLACKSHEAR, WILLIAM
Address: 10299 WOOD DR WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD () Delete
Name: WILLIAMS, MICHAEL A
Address: 10183 CARRIAGE HOUSE CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: MILLER, SAMUEL J III
Address: 10252 MEADOW POINTE DR
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BEAL, WILLIAM P
Address: 10262 WOOD DR WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: 2VD (X) Change () Addition
Name: DANKERT, LAURIE
Address: 10358 WOOD DOVE WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD (X) Change () Addition
Name: BLACKSHEAR, WILLIAM
Address: 10299 WOOD DR WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD (X) Change () Addition
Name: INGRAM, PHYLLIS R
Address: 10276 MEADOW POINTE DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD (X) Change () Addition
Name: MILLER, SAMUEL J III
Address: 10252 MEADOW POINTE DR
City-St-Zip: JACKSONVILLE, FL 32221

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: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

Date