

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000003478

1. Entity Name
MEADOWOOD SOUTH HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

3020 S FLORIDA AVE
SUITE 101
LAKELAND, FL 33803

Mailing Address

3020 S FLORIDA AVE
SUITE 101
LAKELAND, FL 33803

FILED
Jun 11, 2008 08:00 AM
Secretary of State



01092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3721241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J
3020 S FLORIDA AVE
SUITE 101
LAKELAND, FL 33803

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IN THIS SPACE**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000953011
06/11/08-80003-015 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, D. JOEL
STREET ADDRESS 3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP LAKELAND, FL 33803

TITLE VD
NAME ADAMS, ROBERT
STREET ADDRESS 3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP LAKELAND, FL 33803

TITLE STD
NAME WALSH, BRIAN
STREET ADDRESS 3020 S FLORIDA AVE, SUITE 101
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #