


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007354	
1. Entity Name MEADOWBROOK COMMERCE PARK OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471	Mailing Address 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471
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02242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3682984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BOYD, ROY T III 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471
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**DO NOT WRITE  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ROY T III 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LARRY 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEVEN H 125 NE 1ST AVE, SUITE 1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000533183  
05/06/06-80114-016 61.25

**DO NOT WRITE  
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 another life empowered.

SIGNATURE: Roy T. Boyd III 4-20-06 352-861-2248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #