


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90198 034 \*\*\*\*61.25

<b>DOCUMENT # N00000007354</b>	
1. Entity Name <b>MEADOWBROOK COMMERCE PARK OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1700 SE 17TH ST, SUITE 300 OCALA, FL 34471</b>	Mailing Address <b>1700 SE 17TH ST, SUITE 300 OCALA, FL 34471</b>
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**40082920**



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

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3682984</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BOYD, ROY T III 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471</b>		7. Name and Address of New Registered Agent Name <b>Boyd, Roy T. III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1720 SE 16th Ave.</b> Bldg. 200 City <b>Ocala</b> FL Zip Code <b>34471</b>	
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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  DATE **4-17-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ROY T III 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boyd, Roy T. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 SE 16th Ave. Bldg. 200 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LARRY 1700 SE 17TH ST, SUITE 300 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Young, Larry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 SE 16th Ave. Bldg. 200 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEVEN H 125 NE 1ST AVE, SUITE 1 OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gray, Steven H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 NE 1st Ave. Suite 1 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-17-07** Daytime Phone #