

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90002 017 ****61.25

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DOCUMENT # N00000008176 1. Entity Name MEADOW GLENN OF MARION COUNTY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4835 S.W. 101ST LANE OCALA, FL 34476			Mailing Address 4835 S.W. 101ST LANE OCALA, FL 34476		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 830177			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, FL		4. FEI Number 59-3492610	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34483-0177		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JONES, AUDREY 4835 SW 101 ST LA OCALA, FL 34476				7. Name and Address of New Registered Agent Name Michael Spellman Street Address (P.O. Box Number is Not Acceptable) 16 Golf View Drive City Ocala FL Zip Code 34472	
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 6-11-08	
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D <input checked="" type="checkbox"/> Delete JONES, AUDREY 4835 S.W. 101ST LANE OCALA, FL 34476		D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kimmel, Robert 16 Golf View Drive Ocala, FL 34472			
D <input type="checkbox"/> Delete SPELLMAN, MICHEAL 16 GOLF VIEW DR OCALA, FL 34472		D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete FISCHER, STEVEN 300 S. PINE ISLAND RD. SUITE 110 PLANTATION, FL 33324		D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete		D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete		D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete		D <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 6-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 352-687-8500	