

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008176

FILED
Apr 24, 2009
Secretary of State

Entity Name: MEADOW GLENN OF MARION COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4835 S.W. 101ST LANE
OCALA, FL 34476

New Principal Place of Business:

C/O FLAGLER MANAGEMENT, INC
16 GOLF VIEW DRIVE
OCALA, FL 34472

Current Mailing Address:

PO BOX 830177
OCALA, FL 34483

New Mailing Address:

C/O FLAGLER MANAGEMENT, INC
P.O. BOX 830177
OCALA, FL 34483

FEI Number: 59-3492610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPELLMAN, MICHAEL
16 GOLF VIEW DRIVE
OCALA, FL 34472 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: D () Delete
Name: KIMMEL, ROBERT
Address: 16 GOLF VIEW DRIVE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: SPELLMAN, MICHAEL
Address: 16 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: FISCHER, STEVEN
Address: 300 S. PINE ISLAND RD. SUITE 110
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: JOHANNESSEN, CHAD
Address: 7048 MIDWAY TERRACE, STE 101
City-St-Zip: OCALA, FL 34472

Title: DVPT (X) Change () Addition
Name: SPELLMAN, MICHAEL
Address: 16 GOLF VIEW DR
City-St-Zip: OCALA, FL 34472

Title: DP (X) Change () Addition
Name: FISCHER, STEVEN
Address: 300 S. PINE ISLAND RD. SUITE 110
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL SPELLMAN

DVPT

04/24/2009

Electronic Signature of Signing Officer or Director

Date