

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008176

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

FLAGLER MANAGEMENT, INC.  
16 GOLF VIEW DRIVE  
OCALA, FL 34472 US

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: LINDA WILSON

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LINDA WILSON

AGEN

03/30/2010

Electronic Signature of Signing Officer or Director

Date