

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90086 043 ****61.25

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1. Entity Name

**THE MEADOWS AT SAINT JOHNS OWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4003 HARTLEY RD
JACKSONVILLE FL 32257**

**4003 HARTLEY RD
JACKSONVILLE FL 32257**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3745527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTRELL, BRYAN
4003 HARTLEY RD
JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: 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
ARBD
POWER, THOMAS
1318 ARDMORE ST
ST AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BOB OSTENFELD
1297 ARDMORE ST.
ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ARBD
AQUINO, JOEL
549 MACKENZIE CIR
SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RON BARRY
1202 ARDMORE ST.
ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
R
BOHL MANN, MARK
545 MACKENZIE CIR
ST AUGUSTINE FL 32092 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MIKE KRUGMAN
1212 MACLAREN ST.
ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
TIMM, HOLLY
478 MACKENZIE CIR
SAINT AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BONNIE FOX
860 MACKENZIE CIR.
ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KAPLAN, DAVID
1223 ARDMORE ST
ST AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
NICHOLS, LISA
1440 HEATHER CT
ST AUGUSTINE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert E. Ostfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 2006 (904) - 268-0035
Date Daytime Phone #