

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005738

FILED
Feb 12, 2009
Secretary of State

Entity Name: THE MEADOWS AT SAINT JOHNS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 HARTLEY RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY RD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3745527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTRELL, BRYAN
4003 HARTLEY RD
JACKSONVILLE, FL 32257 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: MCLATCHEY, GEORGE
Address: 1213 MACLAREN ST
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P () Delete
Name: OSTENFELD, BOB
Address: 1597 ARDMORE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: BARRY, DON
Address: 1202 ARDOMERE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: KRUEMAN, MIKE
Address: 1001 ARDMORE ST
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: DOWDY, LESLIE
Address: 1230 MACLAREN ST.
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S () Delete
Name: NICHOLS, LISA
Address: 1440 HEATHER CT
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BULIK, JOE
Address: 1249 ARDMORE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: FRAME, LISA
Address: 1285 ARDMORE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: HANSIN, SOPHIE
Address: 1211 ARDMORE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: HUTCHISON, GARRET
Address: 678 MACKENZIE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DS (X) Change () Addition
Name: DOWDY, LESLIE
Address: 1230 MACLAREN ST.
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DVP (X) Change () Addition
Name: NICHOLS, LISA
Address: 1440 HEATHER CT
City-St-Zip: ST AUGUSTINE, FL 32092

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: LISA NICHOLS

DVP

02/12/2009

Electronic Signature of Signing Officer or Director

Date