

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007764

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** MEADOW POINTE III HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3434 COLWELL AVE  
STE 200  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 74-3032481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZZETTA & COMPANY INC.  
3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614 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: STD ( ) Delete  
Name: BUCK, DONALD A  
Address: 509 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: TOBORG, JOHN  
Address: 509 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: PD (X) Delete  
Name: SIFFORD, MARK A  
Address: 509 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P-D (X) Change ( ) Addition  
Name: SIFFORD, MARK  
Address: 509 GUI SANDO DE AVILA STE 100  
City-St-Zip: TAMPA, FL 33618

Title: VP-D (X) Change ( ) Addition  
Name: BUCK, DON  
Address: 509 GUI SANDO DE AVILA STE 100  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SIFFORD

P-D

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date