2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01940

FILED Mar 02, 2009 Secretary of State

Entity Name: MEADOW RUN HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:					
530 US 41 SUITE 18E VENICE, F	3		810 B PINEBROOK I VENICE, FL 34285	RD					
Current M	ailing Addres	ss:	New Mailing Addre	New Mailing Address:					
PO BOX 59 VENICE, F				C/O CAPRI PROPERTY MANAGEMENT 810 B PINEBROOK RD VENICE, FL 34285					
El Number:	: 59-2434046	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()					
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:					
530 US 41 SUITE 18E VENICE, F	3 FL 34293 US	submits this statement for the p	CAPRI PROPERTY 810 B PINEBROOK VENICE, FL 34285 urpose of changing its register						
	e of Florida.			,					
SIGNATUF	RE: DEBBIE			03/02/2009					
	Electron	nic Signature of Registered Age		Date					
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Fitle: Name: Address: City-St-Zip:	ABDE, DOUG) Delete V RUN CIRCLE 4293	Title: Name: Address: City-St-Zip:	() Change () Addition					
Fitle: Name: Address: Dity-St-Zip:	D (KEARNS, MAR 3213 MEADOV VENICE, FL 3	V RUN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition					
Fitle: Name: Address: City-St-Zip:	TD (GOUGE, JODY 3251 MEADOV VENICE, FL 3	V RUN DR	Title: Name: Address: City-St-Zip:	() Change () Addition					
Fitle: Name: Address: City-St-Zip:	VP (JEFFREY, TIM 3263 MEADOV VENICE, FL 3	V RUN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition					
Γitle: √ame: √ddress:	ABDE, PAT) Delete V RUN CIRCLE 4293	Title: Name: Address: City-St-Zip:	() Change () Addition					
City-St-Zip:			Title:	() Change () Addition					

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:	CHRIS	STIN	_ 1 3 6 7 L	TOI				D		03/02/2009		
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