

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90018 004 ****70.00

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1. Entity Name
MEADOWOOD OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**7806 113TH AVENUE
TEMPLE TERRACE, FL 33617**

Mailing Address
**7806 113TH AVENUE
TEMPLE TERRACE, FL 33617**

2. Principal Place of Business

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

**CITY & STATE
LUTZ FL**

Zip

Country

Zip

33549

Country

03032005 Chg-NP

CR2E037 (10/03)

4. FEI Number
54-2102571

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, DOUG
7806 113TH AVENUE
TEMPLE TERRACE, FL 33617**

7. Name and Address of New Registered Agent

Name **STEVEN MEZER**

Street Address (P.O. Box Number is Not Acceptable)
220 SOUTH FRANKLIN ST

City **TAMPA**

FL

Zip Code **33602**

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

STEVEN H. MEZER 3/17/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **D** ☒ Delete
NAME **JOHNSTON, DOUG**
STREET ADDRESS **7806 113TH AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D** ☒ Delete
NAME **SCHMIT, JIM**
STREET ADDRESS **7806 113TH AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D** ☒ Delete
NAME **JOHNSTON, GLORIE ANNA**
STREET ADDRESS **7806 113TH AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **BLALOCK, CLAUDIA**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **VD** ☐ Change ☒ Addition
NAME **DANMEYER, MIKE**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **SD** ☐ Change ☒ Addition
NAME **NORRIS, GRIFFIN**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **TD** ☐ Change ☒ Addition
NAME **PALMER, MILLIE**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Change ☒ Addition
NAME **WARNER, GUY**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Blaylock

Claudia Blaylock President
3-28-05

Date

Daytime Phone #