

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000856

FILED
Mar 08, 2009
Secretary of State

Entity Name: MEADOWOOD OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7806 113TH AVENUE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

16105 N. FLORIDA
A
LUTZ, FL 33549

Current Mailing Address:

16105 N FLORIDA
SUITE 4
LUTZ, FL 33549

New Mailing Address:

FEI Number: 54-2102571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 US

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: _____

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLALOCK, CLAUDIA
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: PRUE, DONALD
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: NORRIS, GRIFFIN
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BLALOCK, CLAUDIA
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change () Addition
Name: ANDERSON, ALICE
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: SULLIVAN, RANDY
Address: 16105 N FLORIDA, # A
City-St-Zip: LUTZ, FL 33549

Title: PD () Change (X) Addition
Name: DANMEYER, MIKE
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Change (X) Addition
Name: RODRIGUEZ, VICTOR
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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: MIKE DANMEYER

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date