

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-17-2004 90040 019 ****61.25

DOCUMENT # N03000000774

1. Entity Name

MEADOW RIDGE HAMILTON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

RT. 10 BOX 844
LAKE CITY FL 32055

Mailing Address

RT. 10 BOX 844
LAKE CITY FL 32055

00200024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1733

Suite, Apt. #, etc.

City & State

Lake City, FL 32056-1733

Zip

Country

4. FEI Number

20 0818046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

BULLARD, AUDREY S
RT. 10 BOX 844
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD ☐ Delete
NAME BULLARD, AUDREY S
STREET ADDRESS RT. 10 BOX 844
CITY-ST-ZIP LAKE CITY FL 32055

TITLE SD ☐ Delete
NAME DENUNE, HARRY C
STREET ADDRESS 305 SHELBY DR.
CITY-ST-ZIP LAKE CITY FL 32055

TITLE VD ☐ Delete
NAME BULLARD, CHRIS A.
STREET ADDRESS 520 SOUTH MARION ST.
CITY-ST-ZIP LAKE CITY FL 32055

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 ☒ Change ☐ Addition
NAME Audrey S. Bullard
STREET ADDRESS 1826 SW State Road 47
CITY-ST-ZIP Lake City, FL 32025

TITLE ☒ Change ☐ Addition
NAME Harry C. Denune
STREET ADDRESS 1826 SW State Road 47
CITY-ST-ZIP Lake City, FL 32025

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

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

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

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:

Audrey S. Bullard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04