2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001062

FILED Sep 06, 2006 Secretary of State

Entity Name: MEADOWCREST ADVANTAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2600 W. BLACK DIAMOND CIRCLE 1514 ROBERTS DRIVE

LECANTO, FL 34461 JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

PO BOX 10,000 1514 ROBERTS DRIVE

CRYSTAL RIVER, FL 34423 JACKSONVILLE BEACH, FL 32250

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STILLWELL, CLARK A STONEBURNER BERRY & SIMMONS BANK OF INVERNESS BUILDING 841 PRUDENTIAL DRIVE 320 HIGHWAY 41 SOUTH SUITE 1400

INVERNESS, FL 34450 US JACKSONVILLE, FL 32250 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: SIDNEY S. SIMMONS II, VP 09/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: PD (X) Change () Addition

 Name:
 TAYLOR, MARINA C
 Name:
 HANAN, JOHN H III

 Address:
 P.O. BOX 10000
 Address:
 1514 ROBERTS DRIVE

City-St-Zip: CRYSTAL RIVER, FL 344239701 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete Title: D (X) Change () Addition

Name: OLSEN, STANLEY C Name: CENTOLA, THOMAS A JR.
Address: P.O. BOX 10000 Address: 1514 ROBERTS DRIVE

City-St-Zip: CRYSTAL RIVER, FL 344239701 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete Title: D (X) Change () Addition

Name: CAPPUCCILLI, JOSEPH G Name: HITCHCOCK, JULIAN Address: P.O. BOX 10000 Address: 1514 ROBERTS DRIVE

City-St-Zip: CRYSTAL RIVER, FL 344239701 City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JOHN H. HANAN III PD 09/06/2006