

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001062

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEADOWCREST ADVANTAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1514 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

17 LA VISTA DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

1514 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

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

Name and Address of Current Registered Agent:

STONEBURNER BERRY & SIMMONS
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

SIDNEY S. SIMMONS, II
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANAN, JOHN H III
Address: 1514 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: HITCHCOCK, JULIAN
Address: 1514 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANAN, JOHN H III
Address: 17 LA VISTA DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition
Name: HITCHCOCK, JULIAN
Address: 17 LA VISTA DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JOHN HANAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date