

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001063

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: MEADOWCREST COMMERCIAL ASSOCIATION, INC.

## Current Principal Place of Business:

1022 MAIN ST STE C  
DUNEDIN, FL 34698

## New Principal Place of Business:

2600 W. BLACK DIAMOND CIRCLE  
LECANTO, FL 34461

## Current Mailing Address:

1022 MAIN ST STE C  
DUNEDIN, FL 34698

## New Mailing Address:

PO BOX 10,000  
CRYSTAL RIVER, FL 34423

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STILLWELL, CLARK A  
BANK OF INVERNESS BUILDING  
320 HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TAYLOR, MARINA  
Address: P.O. BOX 10000  
City-St-Zip: CRYSTAL RIVER, FL 344239701

Title: D ( ) Delete  
Name: SELFRIDGE, MELISSA  
Address: P.O. BOX 10000  
City-St-Zip: CRYSTAL RIVER, FL 344239701

Title: D ( ) Delete  
Name: CAPPUCILLI, JOE  
Address: P.O. BOX 10000  
City-St-Zip: CRYSTAL RIVER, FL 344239701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RIEGLER, MICHAEL  
Address: P.O. BOX 10000  
City-St-Zip: CRYSTAL RIVER, FL 344239701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARINA C. TAYLOR

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date