

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000002368

1. Entity Name
HARVEST MEADOW HOMEOWNERS ASSOCIATION, INC.



FILED

2008 JUL 21 AM 9:48

SECRETARY OF STATE



Principal Place of Business
8217 SW 61ST CT
OCALA, FL 34476 US

Mailing Address
P.O. BOX 771911
OCALA, FL 34477

2. Principal Place of Business - No P.O. Box #
8218 SW 61ST CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302008 Chg-NP CR2E037 (12/06)

City & State
Ocala, FL

City & State

4. FEI Number
20-1182208

Applied For
Not Applicable

Zip Country
34476 US

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAGO, JIM
8217 SW 61ST CT
OCALA, FL 34476

Name
ASH ROGER
Street Address (P.O. Box Number is Not Acceptable)
8218 SW 61ST CT

City Ocala, FL Zip Code 34476

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TRAGO, JIM
STREET ADDRESS 8217 SW 61ST CT
CITY-ST-ZIP Ocala, FL 34476 ☒ Delete

TITLE PD
NAME ASH ROGER
STREET ADDRESS 8218 SW 61ST CT
CITY-ST-ZIP Ocala, FL 34476 ☒ Change ☐ Addition

TITLE VD
NAME LABREQUE, JACK
STREET ADDRESS 8155 62ND AVE
CITY-ST-ZIP Ocala, FL 34476 ☒ Delete

TITLE VD
NAME JOHNSON ERIK
STREET ADDRESS 8188 SW 60TH TERRACE
CITY-ST-ZIP Ocala, FL 34476 ☒ Change ☐ Addition

TITLE TD
NAME ALLEN, TIMOTHY
STREET ADDRESS 6147 SW 81ST STREET
CITY-ST-ZIP Ocala, FL 34476 ☒ Delete

TITLE TD
NAME KRONE BELLA
STREET ADDRESS 8189 SW 61ST CT.
CITY-ST-ZIP Ocala, FL 34476 ☒ Change ☐ Addition

TITLE SD
NAME BEAMESDERFER, MELISA
STREET ADDRESS 6125 SW 81ST ST
CITY-ST-ZIP Ocala, FL 34476 ☒ Delete

TITLE SD
NAME ASH Robbin
STREET ADDRESS 8218 SW 61ST CT.
CITY-ST-ZIP Ocala, FL 34476 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
1st Vice President
Krone Brad
8189 SW 61 CT Ocala FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300133392933
07/24/08--01027--010 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08

Date

352-237-4947

Daytime Phone #