
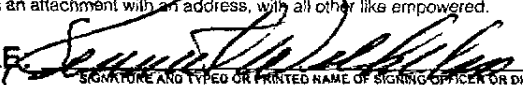


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007524		
1. Entity Name MEADOW VIEW OAKS OF POLK COUNTY HOME OWNERS ASSOCIATION, INC.		
Principal Place of Business 5529 US 98 NORTH LAKELAND, FL 33809	Mailing Address 5529 US 98 NORTH LAKELAND, FL 33809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILHELM, KENNETH F 5529 US 98 NORTH LAKELAND, FL 33809		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000478313 04/07/06-80026-023 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAUNDERS, JOE L 5529 US 98 NORTH LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, DARLA 5529 US 98 NORTH LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILHELM, KENNETH F 5529 US 98 NORTH LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-17-06 <small>Daytime Phone #</small>



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
26-0099264 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**