


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000007524</b> 1. Entity Name MEADOW VIEW OAKS OF POLK COUNTY HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5529 US 98 NORTH LAKELAND, FL 33809	Mailing Address 5529 US 98 NORTH LAKELAND, FL 33809
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**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0099264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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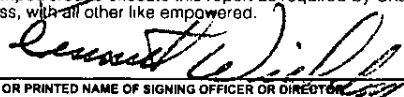
10. OFFICERS AND DIRECTORS

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000649406  
03/07/07-80047-020 61.25

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IN THIS SPACE**

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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_