2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007524

FILED Apr 30, 2008 Secretary of State

Entity Name: MEADOW VIEW OAKS OF POLK COUNTY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5529 US 98 NORTH 7675 DOVE MEADOW TRAIL LAKELAND, FL 33809 LAKELAND, FL 33810

Current Mailing Address: New Mailing Address:

5529 US 98 NORTH 7675 DOVE MEADOW TRAIL LAKELAND, FL 33809 LAKELAND, FL 33810

FEI Number: 26-0099264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILHELM, KENNETH F
5529 US 98 NORTH
LAKELAND, FL 33809 US
HUDSON, DENNIS E
7675 DOVE MEADOW TRAIL
LAKELAND, FL 33810 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: DENNIS E HUDSON 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS () Delete Title: VP (X) Change () Addition

Name: SAUNDERS, JÓE L Name: BURPEE, EARL
Address: 5529 US 98 NORTH Address: 7697 DOVE MEADOW TRAIL

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 LAKELAND, FL 33810

 Title:
 D () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 LANG, DARLA
 Name:
 SPENCER, JEANIFER

 Address:
 5529 US 98 NORTH
 Address:
 7573 DOVE MEADOW TRAIL

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 LAKELAND, FL 33810

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 WILHELM, KENNETH F
 Name:
 HUDSON, DENNIS E

 Address:
 5529 US 98 NORTH
 Address:
 7675 DOVE MEADOW TRAIL

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 LAKELAND, FL 33810

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 LAWTER, TREVA

 Address:
 Address:
 7423 DOVE MEADOW TRAIL

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33810

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: DENNIS E. HUDSON PD 04/30/2008