

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

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010306

1. Entity Name
**THE MEADOWS NORTH HOMEOWNER'S ASSOCIATION,
INC.**



Principal Place of Business
**2321 - A2 NW 41ST STREET
GAINESVILLE, FL 32606**

Mailing Address
**2321 - A2 NW 41ST STREET
GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
30-0310304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPAIN, THOMAS C
2321 - A2 NW 41ST STREET
GAINESVILLE, FL 32606**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPAIN, THOMAS C
STREET ADDRESS	2321 - A2 NW 41ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	DST
NAME	SPAIN, SUSAN B
STREET ADDRESS	2321 - A2 NW 41ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	DVP
NAME	COOPER, MICHAEL J
STREET ADDRESS	2321 A2 NORTHWEST 41ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000665046
03/23/07-80009-003 61.25

**DO NOT WRITE
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: *X Susan B Spain, Inc.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 *352-376-6372*
Date Daytime Phone #