

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90022 005 ****61.25

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	
2. Principal Place of Business - No P.O. Box # c/o King Insurance Suite, Apt. #, etc. 2321 N.W. 41 St. City & State Gainesville, FL. Zip 32606		3. Mailing Address c/o King Insurance Suite, Apt. #, etc. 2321 N.W. 41 St. City & State Gainesville, FL. Zip 32606	
4. FEI Number 3D-D31D3D4		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAIN, THOMAS C 2321 - A2 NW 41ST STREET GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Malcolm C. King Street Address (P.O. Box Number is Not Acceptable) 2321 N. W. 41 St. City Gainesville FL Zip Code 32606	
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 Malcolm C. King Malcolm C. King - Pres 4-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SPAIN, THOMAS C 2321 - A2 NW 41ST STREET GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres. CHRIS JAMES 2786 N.W. 26th PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPAIN, SUSAN B 2321 - A2 NW 41ST STREET GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treas LYNN NEWMAN 82779 N.W. 26th PL. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COOPER, MICHAEL J 2321 A2 NORTHWEST 41ST STREET GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres MALCOLM KING 2321 N.W. 41 St. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Malcolm C. King** **4-10-08** **352 377-0420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #