

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010306

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

C/O KING INSURANCE
2321 NW 41 ST
GAINESVILLE, FL 32606

New Principal Place of Business:

2779 NW 26TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

C/O KING INSURANCE
2321 NW 41 ST
GAINESVILLE, FL 32606

New Mailing Address:

2779 NW 26TH PLACE
GAINESVILLE, FL 32605

FEI Number: 30-0310304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, MALCOLM C
2321 NW 41 STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

NEWMAN, LYNN S
2779 NW 26TH PLACE
GAINESVILLE, FL 32605 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: LYNN S. NEWMAN

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JAMES, CHRIS
Address: 2786 NW 26 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T () Delete
Name: NEWMAN, LYAN
Address: 2779 NW 26TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: KING, MALCOLM
Address: 2321 NW 41 STREET
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: NEWMAN, LYNN
Address: 2779 NW 26TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN S. NEWMAN

S/T

01/15/2009

Electronic Signature of Signing Officer or Director

Date