

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 026 ****61.25

DOCUMENT # N05000001247					
1. Entity Name THE MEADOWS AT ORANGE LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 21 NE 1ST AVE OCALA, FL 34470			Mailing Address 21 NE 1ST AVE OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box # 510 W. Erie Street		3. Mailing Address 510 W. Erie Street			
Suite, Apt. #, etc. Apt. 1906		Suite, Apt. #, etc. Apt. 1906			
City & State Chicago, IL		City & State Chicago, IL			
Zip 60610	Country USA	Zip 60610	Country USA	4. FEI Number 01-0837527	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLOWAY, LAWRENCE C 21 NE 1ST AVENUE OCALA, FL 34470			7. Name and Address of New Registered Agent Name: Lawrence C. Callaway, III Street Address (P.O. Box Number is Not Acceptable): 333 N.W. 3rd Avenue City: Ocala FL Zip Code: 34475		
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: DATE: 1/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	PD GITTER, REUVEN 510 W ERIE ST. APT 1906 CHICAGO, IL 60610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GITTER, RON 510 W ERIE ST. APT 1906 CHICAGO, IL 60610	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETTER, SHANI 510 W ERIE ST. APT 1906 CHICAGO, IL 60610	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: REUVEN GITTER 2/22/08 312-404-5006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					