2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N05000011307

Entity Name: THE RESERVE AT MEADOW OAKS PROEPRTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9400 RIVER CROSSING BLVD
SUITE 104
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2108
ELFERS, FL 34680

New Mailing Address:

FEI Number: 20-4401930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIRARDI, JAIME P
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GIRARDI, JAIME P
Address: 9400 RIVER CROSSING BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV ( ) Delete
Name: VALENTI, BETTY D
Address: 9400 RIVER CROSSING BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DST ( ) Delete
Name: DIETERS, STEPHANIE D
Address: 9400 RIVER CROSSING BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: HUDSON, JOSEPH
Address: 9400 RIVER CROSSING BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: PAMELA S WASHBURN AGT 04/25/2008

Electronic Signature of Signing Officer or Director — Date