2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N05821

Entity Name: MEADOWCREST OFFICE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2577065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 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:	PD	( ) Delete
Name:	SCHLUMBERGER, ROBERT	
Address:	6220 W CORPORATE OAKS DR	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	VPD	( ) Delete
Name:	VINCENT, KATHERINE	
Address:	6228 W CORPORATE OAKS DR	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	SD	( ) Delete
Name:	SNELL, RICK	
Address:	6210 W CORPORATE OAKS DR	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	TD	(X) Delete
Name:	SELFRIDGE, MELISSA	
Address:	PO BOX 10000	
City-St-Zip:	CRYSTAL RIVER, FL 34423	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT E SCHLUMBERGER PRES 04/18/2005

Electronic Signature of Signing Officer or Director — Date