

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90022 007 \*\*\*\*61.25

**DOCUMENT # N05821**

1. Entity Name  
**MEADOWCREST OFFICE CONDOMINIUM I  
ASSOCIATION, INC.**



Principal Place of Business  
**6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 34429 US**

Mailing Address  
**6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 34429 US**

**40109951**



07032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2577065**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLUMBERGER, ROBERT  
6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 34429**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME SCHLUMBERGER, ROBERT ☐ Delete  
STREET ADDRESS 6220 W CORPORATE OAKS DR  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE **STD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME VINCENT, KATHERINE ☐ Delete  
STREET ADDRESS 6228 W CORPORATE OAKS DR  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME SNELL, RICK ☐ Delete  
STREET ADDRESS 6210 W CORPORATE OAKS DR  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition  
NAME **SILVA, A CLARE**  
STREET ADDRESS **13118 CO RD 245 E**  
CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **GONZALEZ, ESTHER**  
STREET ADDRESS **6200 W CORPORATE OAKS DR**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ACEVEDO, ANGELA SAENZ**  
STREET ADDRESS **6202 W CORPORATE OAKS DR**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECT'Y/TREASURER 07/07/08 352-795-3691**

Date

Daytime Phone #

ATTACHMENT

40109961

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MEADOWCREST OFFICE CONDOMINIUM I ASSOCIATION INC.  
6200 W CORPORATE OAKS DR  
CRYSTAL RIVER FL 34429-8723  
FEI 59-2577065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

RENFRO, REN

6202 W CORPORATE OAKS DR

CRYSTAL RIVER FL 34429

X ADDITION