

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003198

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** MEADOWLAKE PALM HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2690 CORAL LANDINGS BLVD  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

2690 CORAL LANDINGS BLVD  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 20-4642795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUNCOAST PROPERTY SERVICES  
2821A SHERBROOKE LN  
PALM HARBOR, FL 34684 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:** P  
**Name:** HOKE, TERRY  
**Address:** 2464 INDIAN TRAIL WEST  
**City-St-Zip:** PALM HARBOR, FL 34683

**Title:** VP  
**Name:** WILLIAMS, TERESA  
**Address:** 4618 SYLVAN RAMBLE  
**City-St-Zip:** TAMPA, FL 33609

**Title:** T  
**Name:** CALHOUN, STEPHEN  
**Address:** 2690 CORAL LANDINGS BLVD. #136  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** S  
**Name:** MILLOVITSCH, JOANNE  
**Address:** 2690 CORAL LANDINGS BLVD #617  
**City-St-Zip:** PALM HARBOR, FL 34684

I hereby 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 all other like empowered.

**SIGNATURE:** DOROTHY SPRIGGS, AGENT

AGNT

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date