2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000007235

Entity Name: THE MEADOWS OF MARIANNA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-8181300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIEVERS, KAREN
524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 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: BACH, FRANK
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: VDST ( ) Delete
Name: GIEVERS, KAREN
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: OSTROW, JOHN
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MCDEAVITT, GARY
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MCDEAVITT, LIZ
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: GIEVERS, DONNA
Address: 524 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

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:

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 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: KAREN GIEVERS TSD 01/16/2009
Electronic Signature of Signing Officer or Director — Date