

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007235

FILED
Jan 06, 2010
Secretary of State

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

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

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

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

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

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

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: KAREN GIEVERS

VDST

01/06/2010

Electronic Signature of Signing Officer or Director

Date