

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010550

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** THE MEADOWS HOME OWNERS' ASSOCIATION OF OCALA, INC.

**Current Principal Place of Business:**

2225 SW 80TH STREET  
OCALA, FL 34476

**New Principal Place of Business:**

2350 SW 80TH STREET  
OCALA, FL 34476

**Current Mailing Address:**

2225 SW 80TH STREET  
OCALA, FL 34476

**New Mailing Address:**

2350 SW 80TH STREET  
OCALA, FL 34476

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MENDOLA, TONY  
2225 SW 80TH STREET  
OCALA, FL 34476 US

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

HUBER, JOHN  
2350 SW 80TH STREET  
OCALA, FL 34476 US

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: JOHN HUBER

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENDOLA, ANTHONY P  
Address: 2225 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

Title: D (X) Delete  
Name: SHARPE, DANIEL P  
Address: 2225 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

Title: PD (X) Delete  
Name: HUBER, JOHN  
Address: 2350 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

Title: S (X) Delete  
Name: SHARPE, DANA  
Address: 2225 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete  
Name: WHEELER, CHARLENE  
Address: 2225 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HUBER, JOHN  
Address: 2350 SW 80TH ST  
City-St-Zip: OCALA, FL 34476

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: T (X) Change ( ) Addition  
Name: WHEELER, CHARLENE  
Address: PO BOX 5848  
City-St-Zip: OCALA, FL 34478

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: JOHN HUBER

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date