

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90005 041 \*\*\*\*61.25

<b>DOCUMENT # N06000011712</b>					
1. Entity Name SOUTHERN MEADOWS PHASE 2 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2753 E US HWY 90 LAKE CITY, FL 32055			Mailing Address 2753 E US HWY 90 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		PO Box 1733 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Lake City, FL		Lake City, FL		20-8293804	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32056					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BULLARD, AUDREY S 2753 E US HWY 90 LAKE CITY, FL 32055			Name Bullard, Audrey S.		
			Street Address (P.O. Box Number is Not Acceptable) 1826 SW SR 47		
			City Lake City FL Zip Code 32025		
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 <u>AUDREY S. BULLARD</u>				DATE <u>1-24-07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, AUDREY S	NAME			
STREET ADDRESS	1826 SW SR 47	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, CHRIS A	NAME			
STREET ADDRESS	212 NO. MARION ST.	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCARDLE, ELIZABETH B	NAME			
STREET ADDRESS	20671 CR 137	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Audrey Bullard</u>				DATE: <u>1/24/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>384 755 4050</u>	

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01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8293804 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name: Bullard, Audrey S.  
 Street Address (P.O. Box Number is Not Acceptable): 1826 SW SR 47  
 City: Lake City FL Zip Code: 32025

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: AUDREY S. BULLARD DATE: 1-24-07  
 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 May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

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SIGNATURE: Audrey Bullard DATE: 1/24/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 384 755 4050