


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2007 90005 043 \*\*\*\*61.25

<b>DOCUMENT # N06000011716</b> 1. Entity Name <b>SOUTHERN MEADOWS PHASE 3 HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2753 E US HWY 90 LAKE CITY, FL 32055</b>				Mailing Address <b>2753 E US HWY 90 LAKE CITY, FL 32055</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1733</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Lake City, FL</b>  Zip <b>32056</b>		4. FEI Number <b>20-8293951</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BULLARD, AUDREY S 2753 E US HWY 90 LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent Name <b>AUDREY S. BULLARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1826 SW SR 47</b>  City <b>Lake City</b> <b>FL</b> Zip Code <b>32025</b>	
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><b>Audrey S. Bullard</b></u>				DATE <b>1-24-07</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, AUDREY S 1826 SW SR 47 LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, CHRIS A 212 NO. MARION ST. LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARDLE, ELIZABETH B 20671 CR 137 LAKE CITY, FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Audrey S. Bullard</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/24/07</b> Daytime Phone # <b>386 755 4050</b>					