


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 007 ****61.25

DOCUMENT # N06004 1. Entity Name MEADOWCREST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 US			Mailing Address 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2552836	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, ROBBIE 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KERRY L 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KERRY L. 6222 W. Corporate Oaks Dr Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, MARINA 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE SHAUGHNESS 6222 W. CORPORATE OAKS DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARSONS, CAROL 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT WITHEROW 6222 W. CORPORATE OAKS DR. Crystal River, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIEGLER, MICHAEL 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE DUNHAM 6222 W. Corporate Oaks Dr. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, GEORGE 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REN RENFRO 6222 W. Corporate Oaks Dr. Crystal River, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPUCCILLI, JOSEPH 6222 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAN HITCHCOCK 6222 W. CORPORATE OAKS DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" 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>KERRY L SMITH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/12/07</u> <u>352 795-1392</u> <small>Date Daytime Phone #</small>		