

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06004

FILED
Mar 19, 2008
Secretary of State

Entity Name: MEADOWCREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2552836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ROBBIE
6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 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: D () Delete
Name: SMITH, KERRY L
Address: 6222 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: VPD () Delete
Name: TAYLOR, MARINA
Address: 6222 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: SD () Delete
Name: PARSONS, CAROL
Address: 6222 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: TD () Delete
Name: RIEGLER, MICHAEL
Address: 6222 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: D () Delete
Name: SHAUGHNESS, GEORGE
Address: 6222 W. CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: D () Delete
Name: DUNHAM, DAVE
Address: 6222 W. CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RENFRO, EDWARD
Address: 6222 W. CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD RENFRO

PD

03/19/2008

Electronic Signature of Signing Officer or Director

Date