


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 049 ****61.25

DOCUMENT # N06425 1. Entity Name MEANWHILE RANCH CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 317 HAYDEN RD TALLAHASSEE, FL 32304 US			Mailing Address 2314 ELLICOTT DRIVE TALLAHASSEE, FL 32308 US		
2. Principal Place of Business - No P.O. Box # 317 HAYDEN ROAD Suite, Apt. #, etc.			3. Mailing Address 2314 ELLICOTT DRIVE Suite, Apt. #, etc.		
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-2858843	
Zip 32304		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTON, RICHARD E ESQ. 1415 E. PIEDMONT DRIVE, #4 TALLAHASSEE, FL 32312				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DR TOLLERTON, JAMES B 1425 WESTBROOK DRIVE SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lange, Martin 4766 Country Manor Drive Sarasota, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FUHRER, CHARLIE 11301 79TH AVENUE N. SEMINOLE, FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director White, Marshall 2522 Tom Morris Drive Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ASHCROFT, FRANK 2314 ELLICOTT DRIVE TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director White, Marshall 2522 Tom Morris Drive Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR COTTRELL, RAYMOND 4036 CONWAY PLACE ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director White, Marshall 2522 Tom Morris Drive Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ASHCROFT, FRANK 2314 ELLICOTT DRIVE TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director White, Marshall 2522 Tom Morris Drive Sarasota, FL 34240	<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>Frank Ashcroft</u> Frank Ashcroft <u>1/9/08</u> <u>850-566-2274</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					