

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06425

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** MEANWHILE RANCH CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

317 HAYDEN RD  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

2314 ELLICOTT DRIVE  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2858843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENTON, RICHARD E ESQ.  
1415 E. PIEDMONT DRIVE, #4  
TALLAHASSEE, FL 32312 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: LANGE, MARTIN  
Address: 4766 COUNTRY MANOR DR  
City-St-Zip: SARASOTA, FL 34233

Title: DR ( ) Delete  
Name: FUHRER, CHARLIE  
Address: 11301 79TH AVENUE N.  
City-St-Zip: SEMINOLE, FL 33772

Title: PD ( ) Delete  
Name: WHITE, MARSHALL  
Address: 2522 TOM MORRIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: DR ( ) Delete  
Name: ASHCROFT, FRANK  
Address: 2314 ELLICOTT DRIVE  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: LANGE, MARTIN  
Address: 4766 COUNTRY MANOR DR  
City-St-Zip: SARASOTA, FL 34233

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

Title: PDR (X) Change ( ) Addition  
Name: WHITE, MARSHALL  
Address: 2522 TOM MORRIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: DR (X) Change ( ) Addition  
Name: ASHCROFT, FRANK  
Address: 2314 ELLICOTT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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: FRANK H. ASHCROFT

DR

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date