

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06578

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** MCINTOSH MEADOWS ASSOCIATION, INC.

**Current Principal Place of Business:**

4148 PRAIRIE VIEW DR., N  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7116  
SARASOTA, FL 342784116

**New Mailing Address:**

**FEI Number:** 59-2486489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAXSON, PAUL  
4041 PRAIRIE VIEW DR., N.  
SARASOTA, FL 34232 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: MR ( ) Delete  
Name: JORGENSEN, SERGE  
Address: 4148 PRAIRIE VIEW DR., N  
City-St-Zip: SARASOTA, FL 34232 US

Title: MR ( ) Delete  
Name: GOREVAN, ROBERT  
Address: 4031 PRAIRIE VIEW DR., N  
City-St-Zip: SARASOTA, FL 34232

Title: MS ( ) Delete  
Name: BABBITT, WANDA  
Address: 4291 PRAIRIE VIEW DR., S  
City-St-Zip: SARASOTA, FL 34232

Title: MR ( ) Delete  
Name: PAXSON, PAUL R  
Address: 4041 PRAIRIE VIEW DR., N  
City-St-Zip: SARASOTA, FL 34232

**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:

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: PAUL R. PAXSON

TREA

02/04/2008

Electronic Signature of Signing Officer or Director

Date