

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000889

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** MEADOW VIEW OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

579 SOUTHWEST ZIERKE ROAD  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1384  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GIEBEIG, PETER W  
579 SOUTHWEST ZIERKE ROAD  
LAKE CITY, FL 32025 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  
Name: TOLAR, ELAINE K  
Address: 839 SW STATE ROAD 247  
City-St-Zip: LAKE CITY, FL 32025

Title: D  
Name: GIEBEIG, PETER W SR.  
Address: PO BOX 1384  
City-St-Zip: LAKE CITY, FL 32056

Title: D  
Name: GIEBEIG, BRIAN T  
Address: 697 SOUTHEAST HOLLY TERRACE  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

**SIGNATURE:** PETER W. GIEBEIG

**PRES**

**01/04/2012**

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

\_\_\_\_\_  
Date