

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# N10268

Entity Name: TECHNOLOGY SQUARE OF MEADOWCREST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10575 W. YULEE DR.
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

10575 W. YULEE DR.
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-2574031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK A. STILLWELL, LLC
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450 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: PD () Delete
Name: TAYLOR, MARINA C
Address: 2600 W. BLACK DIAMOND CR.
City-St-Zip: LECANTO, FL 34461

Title: VD () Delete
Name: CAPPUCCILLI, JOSEPH
Address: 2600 W. BLACK DIAMOND CR.
City-St-Zip: LECANTO, FL 34461

Title: DST () Delete
Name: RIEGLER, MICHAEL
Address: 2600 W. BLACK DIAMOND CR.
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, MARINA C
Address: PO BOX 2050
City-St-Zip: LECANTO, FL 34460 US

Title: VD (X) Change () Addition
Name: CAPPUCCILLI, JOSEPH
Address: PO BOX 2050
City-St-Zip: LECANTO, FL 34460 US

Title: DST (X) Change () Addition
Name: RIEGLER, MICHAEL
Address: PO BOX 2050
City-St-Zip: LECANTO, FL 34460 US

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: MARINA TAYLOR

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date