

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11089

FILED
Apr 08, 2008
Secretary of State

Entity Name: MEADOWCREST OFFICE CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

5297 S. CHEROKEE WAY
HOMOSASSA, FL 34448 US

New Principal Place of Business:

10575 W. YULEE DR.
HOMOSASSA, FL 34448 US

Current Mailing Address:

5297 S. CHREOKEE WAY
HOMOSASSA, FL 34448 US

New Mailing Address:

10575 W. YULEE DR.
HOMOSASSA, FL 34448 US

FEI Number: 59-2598978

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: D () Delete
Name: GOODPASTER, DAWN
Address: 6152 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: ANZALONE, MARIO
Address: 6120 W CORPORATE OAKS DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: BRITO-DEFORGE, MERCEDES
Address: 6122 W CORPORATE OAKS DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: SILVA, CLARE
Address: 13118 COUNTY RD 245E
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: POPE, JULIE
Address: 6030 W. CORPORATE OAKS DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

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:

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: DAWN GOODPASTER

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date