

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11089

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MEADOWCREST OFFICE CONDOMINIUM II 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:** 59-2598978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBIE ANDERSON  
PROPERTY MANAGEMENT & INVESTMENT GROUP  
10575 W. YULEE DR  
HOMOSASSA, FL 34448 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: GOODPASTER, DAWN  
Address: 6152 W CORPORATE OAKS DR  
City-St-Zip: CRYSTAL RIVER, FL 34429

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

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

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

Title: D  
Name: VRI-COLONADE LLC  
Address: 2227 E HAMPSHIRE ST  
City-St-Zip: INVERNESS, FL 34453

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: DAWN GOODPASTER

D

04/29/2010

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

\_\_\_\_\_  
Date