


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90013 004 \*\*\*\*61.25

**DOCUMENT # N14703**

1. Entity Name  
**MEADOWS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>UNIVERSITY PROPERTIES INC          7001 TEMPLE TERRACE HWY          TEMPLE TERRACE, FL 33637 US</b>	Mailing Address <b>UNIVERSITY PROPERTIES INC          7001 TEMPLE TERRACE HWY          TEMPLE TERRACE, FL 33637 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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90094297



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2671038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUARK, ANTONIO III  
 6221 LAND O'LAKES BLVD.  
 LAND O LAKES, FL 34639**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PD</b>	NAME <b>RUTLEDGE, JOHN A</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DP</b>	NAME <b>Caroline Giani</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12005 PEONY CT</b>	CITY-ST-ZIP <b>TAMPA, FL 33635</b>		STREET ADDRESS <b>12009 Peony Court</b>	CITY-ST-ZIP <b>Tampa, FL 33635</b>	
TITLE <b>VDP</b>	NAME <b>FEENEY, MICHAEL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DVP</b>	NAME <b>Ruby Brown</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8716 BOYSENBERRY DR</b>	CITY-ST-ZIP <b>TAMPA, FL 33635</b>		STREET ADDRESS <b>12004 Peony Court</b>	CITY-ST-ZIP <b>Tampa, FL 33635</b>	
TITLE <b>STD</b>	NAME <b>CHESSER, DANIEL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DST</b>	NAME <b>Katherine Carrea</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8626 BOYSENBERRY DR</b>	CITY-ST-ZIP <b>TAMPA, FL 33635</b>		STREET ADDRESS <b>12013 Peony Court</b>	CITY-ST-ZIP <b>Tampa, FL 33635</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ruby L. Brown **Ruby L. Brown** - 2 - 05 813-818-7122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #