


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90014 019 \*\*\*\*61.25

**DOCUMENT # N14703**  
 1. Entity Name  
**MEADOWS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**UNIVERSITY PROPERTIES INC**  
**7001 TEMPLE TERRACE HWY**  
**TEMPLE TERRACE, FL 33637 US**

Mailing Address  
**UNIVERSITY PROPERTIES INC.**  
**7001 TEMPLE TERRACE HWY**  
**TEMPLE TERRACE, FL 33637 US**

40019408



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2671038**

Applied For  
 Not Applicable

City & State

Zip Country

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> Delete
NAME	JACOBS, CYNTHIA
STREET ADDRESS	8610 THIMBLEBERRY LN
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	DST <input type="checkbox"/> Delete
NAME	RIPLEY, MAUREEN
STREET ADDRESS	8612 THIMBLEBERRY LN
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cynthia Jacobs, President*  
*Maureen Ripley Sec.*

1/14/08  
 1/15/08  
 813-775-0210  
 813-258-5508