2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N16826

Entity Name: MEADOWVIEW HOMEOWNERS ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

920 E. HARTFORD ST
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 217
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-2735535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAITKEVICH, BARBARA
920 E. HARTFORD ST
HERNANDO, FL 34442 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:	WAITKEVICH, BARBARA	
Address:	820 E HARTFORD ST	
City-St-Zip:	HERNANDO, FL 34442	
Title:	SD	( ) Delete
Name:	NAST, MARY A	
Address:	2330 N. SANTA ROSA PT	
City-St-Zip:	HERNANDO, FL 34442	
Title:	TD	( ) Delete
Name:	CASSIDY, FLOYD M	
Address:	2328 N SANTA ROSA PT	
City-St-Zip:	HERNANDO, FL 34442	
Title:	DACB	( ) Delete
Name:	MARSTON, LAWRENCE	
Address:	2286 N HARDEE PT	
City-St-Zip:	HERNANDO, FL 34442	
Title:	VD	( ) Delete
Name:	SOLTYS, EUGENE R	
Address:	2342 N PUTNAM PT	
City-St-Zip:	HERNANDO, FL 34442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HOVIS, JAMES	
Address:	219 E. LEON LOOP	
City-St-Zip:	HERNANDO, FL 34442	
Title:	TD	(X) Change ( ) Addition
Name:	HUNTER, DONALD L	
Address:	2342 N. ALACHUA PT	
City-St-Zip:	HERNANDO, FL 34442	
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 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 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: BARBARA WAITKEVICH PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date