

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24930

FILED
Apr 29, 2009
Secretary of State

Entity Name: MEADOWVIEW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

144-158 DOUGLAS RD WEST
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

%CMG
P.O. BOX 60068
SAINT PETERSBURG, FL 33784

New Mailing Address:

%CMG
P.O. BOX 60068
SAINT PETERSBURG, FL 33784 US

FEI Number: 59-2886804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, RAFAEL JR
144-D DOUGLAS RD WEST
OLDSMAR, FL 34677 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: PS () Delete
Name: CAMACHO, RAFAEL JR
Address: 144-D DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677

Title: VTD () Delete
Name: KNIGHT, DARLENE
Address: 148-A DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: SIMCIC, FRED
Address: 152-F DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: LEBRON, CARMEN
Address: 140-E DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CAMACHO, RAFAEL JR
Address: 144-D DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677 US

Title: VTD (X) Change () Addition
Name: KNIGHT, DARLENE
Address: 148-A DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677 US

Title: D (X) Change () Addition
Name: SIMIC, FRED
Address: 152-F DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677 US

Title: D (X) Change () Addition
Name: LEBRON, CARMEN
Address: 140-E DOUGLAS RD WEST
City-St-Zip: OLDSMAR, FL 34677 US

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: RAFAEL COMACHO

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date