


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90032 032 ****61.25

DOCUMENT # N26207 1. Entity Name MEADOWLEA ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1021 ROBIN DR DELAND, FL 32724 US			Mailing Address 1021 ROBIN DR DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2894498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AHLERS, HERBERT E 1021 ROBIN DR DELAND, FL 32724				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Herbert E. Ahlers</i></u> 4-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHLERS, HERBERT 1021 ROBIN DR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sam Roth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 956 Larkfield Dr. Deland FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACKEY, DICK 3217 WATERS BEND LN DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wayne Scavoy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1019 Cedar Glen Dr Deland FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AHLERS, ARDIS 1021 ROBIN DR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shirley Sadzaro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 932 Larkfield Dr. Deland FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRY, RALPH 3128 WATERS BEND LN DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Herbert E. Ahlers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 Robin Dr. Deland FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, SANI 956 LAKEFIELD DR DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Boyle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3156 Planters Pt. Deland FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMSKI, FRED 3152 WATERS BEND LN DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diana Lehman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Cedar Glen Dr Deland FL 32724	
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 <u><i>Herbert E. Ahlers</i></u> 386-738-0990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

4-3-08