2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N26207

Entity Name: MEADOWLEA ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1021 ROBIN DR
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

1021 ROBIN DR
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-2894498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHLERS, HERBERT E
1021 ROBIN DR
DELAND, FL 32724 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: ROTH, SAM
Address: 956 LARKFIELD DR.
City-St-Zip: DELAND, FL 32724

Title: VD ( ) Delete
Name: SEAVEY, WAYNE
Address: 1019 CEDAR GLON DR.
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: SHIRLEY, SODARO
Address: 932 LARKFIELD DR.
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete
Name: AHLERS, CRLOERT E
Address: 1021 ROBIN DR.
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: BOYLE, BARBARA
Address: 3156 PLANTERS PT.
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: LENNAN, DIANA
Address: 1000 CEDAR GLEN DR.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AHLERS, HERBERT E
Address: 1021 ROBIN DRIVE
City-St-Zip: DELAND, FL 32724

Title: VD (X) Change ( ) Addition
Name: HARPER, PAM
Address: 955 QUAIL DRIVE
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change ( ) Addition
Name: MACKEY, CAROLE
Address: 3217 WATERS BEND LANE
City-St-Zip: DELAND, FL 32724

Title: TD (X) Change ( ) Addition
Name: CURRY, RALPH
Address: 3228 WATERS BEND LANE
City-St-Zip: DELAND, FL 32724

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 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: HERBERT E. AHLERS PD 01/06/2009

Electronic Signature of Signing Officer or Director — Date