

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90439 022 \*\*\*\*61.25

**DOCUMENT # N29543**  
 1. Entity Name  
**MEADOWS OF PUNTA GORDA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**449 ROYAL POINCIANA #122 PUNTA GORDA, FL 33955**

Mailing Address  
**2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950**

400500-



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

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

02152007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0011387**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BENNETT, DOROTHY M**  
**2421 SHREVE ST STE 115**  
**PUNTA GORDA, FL 33950**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 D	LANDCASTER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2101 GULFVIE RD	PUNTA GORDA, FL 33950	
TITLE VD	ANTON, BILCIKLE	<input type="checkbox"/> Delete
STREET ADDRESS 9030 BURNT STORE RD	PUNTA GORDA, FL 33950	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD	ANDERSON, DOROTHY M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 632 BRENDESE COURT	PUNTA GORDA, FL 33950	
TITLE D	ANDERSON, CRAIG E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 632 BRENDESE COURT	PUNTA GORDA, FL 33950	
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		

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: D Bennett RA/CAm  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 941-639-1142  
 Date Daytime Phone #