

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30769

FILED
Mar 08, 2007
Secretary of State

Entity Name: MEADOWGLEN HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business:

VANGUARD MGMT
9300 N 16 ST
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

9300 N. 16TH ST
101
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3033266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N 16 ST
TAMPA, FL 33612 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: D () Delete
Name: SIMS, KAREN
Address: 5824 TAYWOOD DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: STAMFORD, SHIRLEY
Address: 5936 TAXWOOD DR
City-St-Zip: TAMPA, FL 33624

Title: STD () Delete
Name: PEAKE, CANDY
Address: 5802 TAYWOOD DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: DONOVAN, ELROY
Address: 5817 TAYWOOD DRIVE
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Delete
Name: RIZI, WILLIAM
Address: 11010 PEKING PL
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/A (X) Change () Addition
Name: STAMFORD, SHIRLEY
Address: 5936 TAXWOOD DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JANET WINFIELD

AGEN

03/08/2007

Electronic Signature of Signing Officer or Director

Date