


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 020 ****61.25

DOCUMENT # N34270 1. Entity Name FRESH MEADOWS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O STOKES MANAGEMENT 3053 51ST STREET SARASOTA FL 34234 US			Mailing Address C/O STOKES MANAGEMENT 3053 51ST STREET SARASOTA FL 34234 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0174885	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STOKES, REBECCA 3035 51ST SREET SARASOTA FL 34234				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	D ROBL, CANDACE 6021 62ND CTE PALMETTO FL 34221		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	RD COWLAND, JASON 6300 63RD AVE EAST PALMETTO FL 34221		TITLE NAME STREET ADDRESS CITY ST ZIP	Director Bernie Bourdon 6404 61st Dr. East Palmetto, FL 34221	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD EBERT, BRUCE 6501 61ST DR EAST PALMETTO FL 34221		TITLE NAME STREET ADDRESS CITY ST ZIP	President/Director	
TITLE NAME STREET ADDRESS CITY ST ZIP	ST OMILAK, PHYLLIS 6106 62ND TERRACE E PALMETTO FL 34221		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Candace Robl- Director 4/1/07 (941) 355-4880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					