

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49391

FILED
Jan 28, 2008
Secretary of State

Entity Name: THE MEADOWS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION INCORPORATED

Current Principal Place of Business:

505 ANCLOTE BLVD
TARPON SPGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1898
TARPON SPGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3147356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOSEPH, JUSTIN G
1266 S PINELLAS AVE
TARPON SPRINGS, FL 34689 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: WALTON, ROY
Address: 512 BECKY WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: HARRAL, GERALD
Address: 507 BARBARA WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: LEUCH, SANDRA
Address: 486 BARBARA WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: LLOYD, BARBARA
Address: 504 CARY LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: ORMROD, DONALD
Address: 496 BECKY WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: RODGERS, RICHARD
Address: 491 BERNICE BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MALOVICS, CAROL
Address: 509 BECKY WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD (X) Change () Addition
Name: LEUCH, SANDRA
Address: 486 BARBARA WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: LYNCH, DORIS
Address: 513 BECKY WAY
City-St-Zip: TARPON SPRINGS, FL 34689

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: SANDRA L LEUCH

STD

01/28/2008

Electronic Signature of Signing Officer or Director

Date