

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49391

**FILED**  
**Jan 31, 2011**  
**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  
Name: WALTON, ROY  
Address: 512 BECKY WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD  
Name: MALOVICS, CAROL  
Address: 509 BECKY WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD  
Name: LEUCH, SANDRA  
Address: 486 BARBARA WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: CATHY, DOWNING  
Address: 512 CARY LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D  
Name: CUBELLIS, WILLIAM  
Address: 1936 CHRIS DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: SANDRA LEUCH

STD

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

N49391  
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**The Meadows of Tarpon Springs**  
**Homeowners' Association Inc.**  
**Box 1898 Tarpon Springs, Florida 34688**

Division of Corporations  
Annual Reports  
Attn: Sean Toner  
FAX 1-850-245-6017

February 1, 2011

Document No. N49391  
Confirmation No. 000192917070

We have (7) seven directors on our board, only six (6) can be reported online.

Please add the following name to our list of Directors:

Title :	D
Name	Tom Dulaney
Street Address	1950 Chris Dri
City State	Tarpon Springs, Fl
Zip	34689

I'd appreciate acknowledgement of receipt of this Fax.

  
Sandra Leuch

Secretary  
The Meadows of Tarpon Springs  
Homeowners' Association, Inc.