

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49391

FILED  
Jan 31, 2012  
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:**

JOSEPH, JUSTIN G  
1866 S PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

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:

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SD  
Name: MARTINO, FELICIA  
Address: 506 CARY LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD  
Name: COLE, JERRIE  
Address: 501 BARBARA WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: DULANEY, TOM  
Address: 1950 CHRIS DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: OLSON, PEGGY  
Address: 510 BARBARA WAY  
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: FELICIA MARTINO

SD

01/31/2012

Electronic Signature of Signing Officer or Director

Date

Felicia

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1-31-12

**The Meadows Of Tarpon Springs  
Homeowners' Association Inc.  
Box 1898 Tarpon Springs, Florida 34689**

**January 31, 2012**

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

**DOCUMENT NO. N49391  
CONFIRMATION NO. 900220133629**

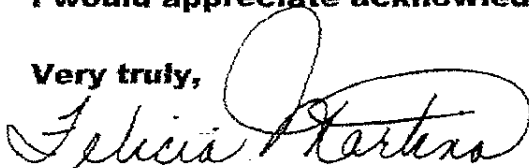
**We have seven (7) directors on our board, only six (6) can be reported online.**

**Please add the following name to our list of Directors:**

<b>Title:</b>	<b>D</b>
<b>Name:</b>	<b>Bonnie Dohner</b>
<b>Street Address:</b>	<b>508 Cary Lane</b>
<b>City, State:</b>	<b>Tarpon Springs, Fl.</b>
<b>Zip:</b>	<b>34689</b>

**I would appreciate acknowledgement of receipt of this Fax.**

**Very truly,**



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