## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50293

FILED Apr 29, 2005 Secretary of State

Entity Nai	me: MEADOWC	REST COMMERCIAL PRO	PERTY OWNERS ASSOCIATION,	INC.	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P.O. BOX CRYSTAL	10,000 RIVER, FL 3442	23 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX CRYSTAL	10,000 RIVER, FL 3442	23 US	311 W. MAIN ST. INVERNESS, FL 34450	US	
FEI Number	: 59-3147420	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New R				lew Registered Agent:	
BANK OF 320 HIGH\ INVERNES	STILLWELL, LLC INVERNESS BU WAY 41 SOUTH SS, FL 34450 U	ILDING S	numbers of changing its registered a	ffice or registered agent or both	
	e of Florida.	omits this statement for the	purpose of changing its registered of	inice or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Do TAYLOR, MARINA 2600 W BLACK D LECANTO, FL 34	C IAMOND CR	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () DO CAPPUCCILLI, JO 2600 W BLACK D LECANTO, FL 34-	SEPH G IAMOND CR	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST (X) D SELFRIDGE, MEL 2600 W BLACK D LECANTO, FL 34	.ISSA IAMOND CR	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA D. BEGA, MANAGER MGR 04/29/2005