## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9200000186

**FILED** Feb 18, 2008 Secretary of State

Entity Name: THREE MEADOWS PHASE III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1208 WINDING MEADOWS RD ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** P O BOX 561436 ROCKLEDGE, FL 329561436 US FEI Number: 59-3232752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISE, MICALYNN 1208 WINDING MEADOWS RD ROCKLEDGE, FL 32955 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LEWIS, IRVING RILEY, JOHN Name: Name: 1195 WALNUT GROVE WAY Address: 1209 WINDING MEADOWS RD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: VD Title: VD (X) Change ( ) Addition ( ) Delete MC MAHON, LISA P Name: OWENS, JAMES Name: Address: 1257 WINDING MEADOWS RD Address: 1238 WINDING MEADOWS RD City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: () Change () Addition WISE, MICALYNN Name: Name: 1208 WINDING MEADOWS RD Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition RAY, DALE Name: Name: ELMORE, DON 1208 WALNUT GROVEWAY 1212 WALNUT GROVEWAY Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955

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: MICALYNN WISE TD 02/18/2008