

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000186

FILED  
Feb 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1208 WINDING MEADOWS RD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

1256 WINDING MEADOWS RD  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

P O BOX 561436  
ROCKLEDGE, FL 329561436 US

**New Mailing Address:**

**FEI Number:** 59-3232752      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISE, MICALYNN  
1208 WINDING MEADOWS RD  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

WELD, WARREN C  
1256 WINDING MEADOWS RD  
ROCKLEDGE, FL 32955 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: WARREN C WELD

02/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RILEY, JOHN  
Address: 1209 WINDING MEADOWS RD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete  
Name: OWENS, JAMES  
Address: 1238 WINDING MEADOWS RD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: WISE, MICALYNN  
Address: 1208 WINDING MEADOWS RD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S ( ) Delete  
Name: ELMORE, DON  
Address: 1212 WALNUT GROVEWAY  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: WISE, MICALYNN  
Address: 1208 WINDING MEADOWS RD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change ( ) Addition  
Name: WELD, WARREN C  
Address: 1256 WINDING MEADOWS RD  
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: WARREN C WELD

TD

02/20/2009

Electronic Signature of Signing Officer or Director

Date