



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 035 ****61.25

DOCUMENT # N93000001699 1. Entity Name MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33815			Mailing Address 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33815		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02052008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLASS, JOANN X 168 CASBIAR ST LAKELAND, FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>JoAnn Glass</i></u> <u>2/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DEAN 200 GOBER STREET LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dean Williams 195 Gober St. Lakeland, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ULATOWSKI, BARBARA 114 TODD STREET LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAUNT, DALE 155 COLTCH ST LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dale Gaunt 155 Colton St. Lakeland, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLASS, JOANN 168 CASBIER ST LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas JoAnn Glass 168 Casbier St. Lakeland, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRIS, THELMA 144 COLTCH ST. LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Thelma Ellis 144 Colton St. Lakeland, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, SHIRLEY 49 PRITCHARD STREET LAKELAND, FL 33817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Prlon Andre 76 Pritchard St. Lakeland, FL 33815	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>JoAnn Glass Treasurer</i></u> <u>2/5/08</u> <u>863-687-3650</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					