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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 034 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000003472

1. Entity Name
MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.



Principal Place of Business
P.O. BOX 1453
ANTHONY, FL 32617-1453 US

Mailing Address
12009 NE 8 CT
OCALA, FL 34479 US

40088941



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3340990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORD, LAUREEN
12009 NE 8TH COURT
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DAILEY, HUGH
STREET ADDRESS 12454 NE 14 AVE
CITY-ST-ZIP ANTHONY, FL 32617

TITLE D
NAME NORTON, HUBERT
STREET ADDRESS 12091 NE 10 TERR
CITY-ST-ZIP OCALA, FL 34479

TITLE D
NAME HAMANN, KEN
STREET ADDRESS 865 NE 122 ST
CITY-ST-ZIP OCALA, FL 34479

TITLE DT
NAME ROCCHI, GERALD
STREET ADDRESS 1290 NE 120 ST
CITY-ST-ZIP OCALA, FL 34479

TITLE DVP
NAME GUTMAN, GERRY
STREET ADDRESS 860 NE 120 PL
CITY-ST-ZIP OCALA, FL 34479

TITLE DP
NAME FORD, LAUREEN
STREET ADDRESS 12009 NE 8 CT
CITY-ST-ZIP OCALA, FL

**DO NOT WRITE
IN THIS SPACE**

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: *Laureen Ford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 (352) 629-1427
Date Daytime Phone #