

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003472

FILED
Feb 19, 2009
Secretary of State

Entity Name: MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.

Current Principal Place of Business:

P.O. BOX 1453
ANTHONY, FL 326171453 US

New Principal Place of Business:

12009 N E 8 COURT
OCALA, FL 34479 US

Current Mailing Address:

12009 NE 8 CT
OCALA, FL 34479 US

New Mailing Address:

12009 N E 8 COURT
OCALA, FL 34479 US

FEI Number: 59-3340990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: DAILEY, HUGH
Address: 12454 NE 14 AVE
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: NORTON, HUBERT
Address: 12091 NE 10 TERR
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: HAMANN, KEN
Address: 865 NE 122 ST
City-St-Zip: OCALA, FL 34479

Title: DT () Delete
Name: ROCCHI, GERALD
Address: 1290 NE 120 ST
City-St-Zip: OCALA, FL 34479

Title: DVP () Delete
Name: BAIRD, KEITH
Address: 12080 NE 8 AVE
City-St-Zip: OCALA, FL 34479

Title: DP () Delete
Name: FORD, LAUREEN
Address: 12009 NE 8 CT
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: LAUREEN FORD

DP

02/19/2009

Electronic Signature of Signing Officer or Director

Date