

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003760

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** MEADOW VIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 522  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

12044 MEADOW LANE  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

PO BOX 522  
SAN ANTONIO, FL 33576

**New Mailing Address:**

**FEI Number:** 59-3343817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORELL, JACKIE  
12044 MEADOW LANE  
SAN ANTONIO, FL 33576 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: VD ( ) Delete  
Name: NORELL, JACKIE  
Address: 12044 MEADOW LANE  
City-St-Zip: SAN ANTONIO, FL 33576

Title: STD ( ) Delete  
Name: WOODHAM, NISA  
Address: 12041 MEADOW LANE  
City-St-Zip: SAN ANTONIO, FL 33576

Title: PD ( ) Delete  
Name: NORELL, JACKIE  
Address: 12044 MEADOW LANE  
City-St-Zip: SAN ANTONIO, FL 33576

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

Title: VD (X) Change ( ) Addition  
Name: YOUNG, LYNN  
Address: 12129 MEADOW LANE  
City-St-Zip: SAN ANTONIO, FL 33576

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: NISA WOODHAM

STD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date