

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90182 050 \*\*\*\*61.25

<b>DOCUMENT # N96000003523</b>					
<b>1. Entity Name</b> MEADOWOOD POINTE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1087 MEADOWOOD POINTE ROAD LAKE LAND, FL 33811 US			<b>Mailing Address</b> 1087 MEADOWOOD POINTE ROAD LAKE LAND, FL 33811 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3476309	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PAINTER, DENNIS R 1087 MEADOWOOD POINTE ROAD LAKE LAND, FL 33811			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> PAINTER, DENNIS <b>STREET ADDRESS</b> 1087 MEADOWOOD POINTE ROAD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Wendy Morris <b>STREET ADDRESS</b> 1092 Meadowood Pointe Road <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MCCORMACK, MICHAEL <b>STREET ADDRESS</b> 1086 MEADOWOOD POINTE ROAD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Matthew Heppner <b>STREET ADDRESS</b> 1085 Meadowood Pointe Road <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> FREDEL, LARRY <b>STREET ADDRESS</b> 1093 MEADOWOOD POINTE ROAD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> BROWN, CRYSTAL <b>STREET ADDRESS</b> 1014 MEADOWOOD POINTE RD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> SD <b>NAME</b> BROWN, CRYSTAL <b>STREET ADDRESS</b> 1014 MEADOWOOD POINTE RD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Matthew Heppner <b>STREET ADDRESS</b> 1085 Meadowood Pointe Road <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> Matthew Heppner <b>STREET ADDRESS</b> 1085 Meadowood Pointe Road <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> BROWN, CRYSTAL <b>STREET ADDRESS</b> 1014 MEADOWOOD POINTE RD <b>CITY-ST-ZIP</b> LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Delete	
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<b>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</b>					
<b>SIGNATURE:</b> <i>Larry Fredel</i> <b>LARRY FREDEL</b>			<b>4/28/08</b> <b>863-701-2173</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		