

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004653

FILED
Apr 22, 2009
Secretary of State

Entity Name: THREE MEADOWS PHASE IV HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 560107
ROCKLEDGE, FL 329560107

New Principal Place of Business:

1104 WINDING MEADOWS ROAD
ROCKLEDGE, FL 32955 US

Current Mailing Address:

PO BOX 560107
ROCKLEDGE, FL 329560107

New Mailing Address:

P.O. BOX 560107
ROCKLEDGE, FL 32956

FEI Number: 59-3400615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, BOB
1104 WINDING MEADOWS ROAD
ROCKLEDGE, FL 32955 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: S () Delete
Name: BICE, BURTON
Address: 1182 MEADOW LAKE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: FERRANTE, MICHAEL
Address: 1203 MEADOW LAKE ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: HENDERSON, DAVE
Address: 1170 WINDING MEADOWS ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: BARRETT, BOB
Address: 1104 WINDING MEADOWS RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SHIELDS, KEVIN
Address: 1174 MEADOW LAKE ROAD
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: BOB BARRETT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date