


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90045 013 \*\*\*\*61.25

<b>DOCUMENT # N96000005990</b> 1. Entity Name <b>MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.</b>					
Principal Place of Business <b>17350 RIVERSTONE DRIVE LUTZ FL 33558</b>			Mailing Address <b>P.O. BOX 915 LUTZ FL 33548 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHALCK, LINDA 17350 RIVERSTONE DRIVE LUTZ FL 33558</b>			Name <b>WILLIAM F. SCHALCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>17350 RIVERSTONE DRIVE</b> City <b>LUTZ</b> FL <b>33558</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. SIGNATURE <b>WILLIAM F. SCHALCK, PD</b> <i>[Signature]</i> <b>4-2-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHALCK, LINDA 17350 RIVERSTONE DR LUTZ FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAM F. SCHALCK 17350 RIVERSTONE DR LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MACCHIA, ANTHONY 17286 RAIN TREE ROAD LUTZ FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BARBARA LEONE 2232 MEADOWBROOK DR LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHALCK, WILLIAM F 17350 RIVERSTONE DR LUTZ FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LINDA SCHALCK 17350 RIVERSTONE DR LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SALLOT, MARY 17292 RAIN TREE RD LUTZ FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TAMMY COLLI'FLOWER 17335 RIVERSTONE DR LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <b>WILLIAM F. SCHALCK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-2-04</b> Daytime Phone # <b>813 920 6777</b>		



MOORE CR2E037 (11/03)