

06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 037 ****61.25

DOCUMENT # N96000005990

1. Entity Name

MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF
PASCO COUNTY, INC.



Principal Place of Business

17350 RIVERSTONE DRIVE
LUTZ FL 33558

Mailing Address

P.O. BOX 915
LUTZ FL 33548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3412549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHALCK, WILLIAM, F.
17350 RIVERSTONE DRIVE
LUTZ FL 33558

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **SCHALCK, LINDA**
STREET ADDRESS **17350 RIVERSTONE DR**
CITY - ST - ZIP **LUTZ FL**

TITLE **SD** ☐ Delete
NAME **COLLIFFLOWER, TAMMY**
STREET ADDRESS **17335 RIVERSIDE DR**
CITY - ST - ZIP **LUTZ FL 33558**

TITLE **PD** ☐ Delete
NAME **SCHALCK, WILLIAM F**
STREET ADDRESS **17350 RIVERSTONE DR**
CITY - ST - ZIP **LUTZ FL**

TITLE **VD** ☒ Delete
NAME **LEONE, BARBARA**
STREET ADDRESS **2232 MEADOWBROOK DR**
CITY - ST - ZIP **LUTZ FL 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **TAMI COLLIFFLOWER**
STREET ADDRESS **17335 RIVERSTONE DRIVE**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE **SD** ☒ Change ☐ Addition
NAME **LINDA SCHALCK**
STREET ADDRESS **17350 RIVERSTONE DRIVE**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE **TD** ☒ Change ☐ Addition
NAME **WILLIAM F. SCHALCK**
STREET ADDRESS **17350 RIVERSTONE DRIVE**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE **VD** ☐ Change ☒ Addition
NAME **JOHN COLLIFFLOWER**
STREET ADDRESS **17335 RIVERSTONE DRIVE**
CITY - ST - ZIP **LUTZ, FL 33558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *William F. Schalck* **William F. SCHALCK** 4-10-06 813 920 6777