


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90167 021 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3412549			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHALCKN, WILLIAM 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Delete
	PD TAMI, COLLIFLOWER	<input type="checkbox"/>			<input type="checkbox"/>
	SD SCHALCK, LINDA	<input type="checkbox"/>			<input type="checkbox"/>
	TD SCHALCK, WILLIAM F	<input type="checkbox"/>			<input type="checkbox"/>
	VD COLLIFLOWER, JOHN	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
		<input type="checkbox"/>			<input type="checkbox"/>
	SCHALCK, LINDA	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	SCHALCK, WILLIAM, F	<input checked="" type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
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: <i>William F. Schalck</i> William F. SCHALCK 4-2-07 (813)920-6777					