

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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 59-3412549	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	



1st MOORE CR2E037 (10/06)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD TAMI, COLLIFLOWER 17350 RIVERSTONE DR LUTZ FL 33558 <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	SD SCHALCK, LINDA 17350 RIVERSTONE DR LUTZ FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change (NAME) <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD SCHALCK, WILLIAM F 17350 RIVERSTONE DR LUTZ FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change (NAME) <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD COLLIFLOWER, JOHN 17335 RIVERSTONE DR LUTZ FL 33558 <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
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 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** 4-2-07 (813)920-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #