2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90020 043 ****61.25

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1. Entity Name

MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
17350 RIVERSTONE DRIVE LUTZ FL 33558	P.O. BOX 915 LUTZ FL 33548 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SCHALCK WILLIAM F. 17350 RIVERSTONE DRIVE LUTZ FL 33558	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, 2008

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			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	☒ Delete	PD WILLIAM F SCHALCK 17350 RIVERSTONE DR LUTZ, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHALCK, LINDA 17350 RIVERSTONE DR LUTZ FL 33558	☒ Delete	VD TAMI COLLIFLOWER 17335 RIVERSTONE DR LUTZ, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHALCK, WILLIAM F 17350 RIVERSTONE DR LUTZ FL 33558	☒ Delete	SD PETER KEEL 2311 BROOKSIDE DR LUTZ, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLLIFLOWER, JOHN 17335 RIVERSTONE DR LUTZ FL 33558	☒ Delete	TD JOHN COLLIFLOWER 17335 RIVERSTONE DR LUTZ, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 3/31/08 (813)920-6777