2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N96000005990

Entity Name: MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.

Current Principal Place of Business:

17350 RIVERSTONE DRIVE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3412549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHALCKN, WILLIAM
17350 RIVERSTONE DRIVE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: WILLIAM F. SCHALCK 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHALCK, WILLIAM F
Address: 17350 SOUTH RIVERSTONE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: VD ( ) Delete
Name: COLLIFLOWER, TAMI
Address: 17335 RIVERSTONE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: KEEL, PETER
Address: 2311 BROOKSIDE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: COLLIFLOWER, JOHN
Address: 17335 RIVERSTONE DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: KEEL, PETER
Address: 2311 BROOKSIDE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. SCHALCK PD 01/06/2009
Electronic Signature of Signing Officer or Director Date