

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 027 ****61.25

DOCUMENT # N96000006388

1. Entity Name
MEADOWGLEN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**PO BOX 1805
ALACHUA, FL 32616 US**

Mailing Address
**PO BOX 1805
ALACHUA, FL 32616 US**

40035298



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01112007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3417791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, SALLY ANN
4131 NW 13TH ST STE 207
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

Name **Wilson, Sally Ann**

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

Suite A-6

City **Gainesville**

FL

Zip Code **32601**

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

1-16-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ANDI	
STREET ADDRESS	17302 NW 175 AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, GERARD	
STREET ADDRESS	17876 NW 175 AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WARRINGTON, TERRI S	
STREET ADDRESS	17958 NW 175 AVENUE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUPE, CHRISTINA	
STREET ADDRESS	17453 NW 177 AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, FRANK	
STREET ADDRESS	17698 NW 181 STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SCHAFER	
STREET ADDRESS	17303 NW 177 AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNA SILBAUGH	
STREET ADDRESS	17625 NW 175 AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: *TERRI WARRINGTON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3/11/07

Date

352/248-3323

Daytime Phone #