

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 045 ****61.25

DOCUMENT # N96000006388

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



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

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3417791

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, SALLY ANN
901 NW 8TH AVE.
SUITE A-6
GAINESVILLE, FL 32601**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-08

**Filing 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 **D** ☐ Delete
NAME **SCHAFER, DAVID**
STREET ADDRESS **17303 NW 177 AVE.**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MURPHY, GERARD**
STREET ADDRESS **17876 NW 175 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WARRINGTON, TERRI S**
STREET ADDRESS **17958 NW 175 AVENUE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SHUPE, CHRISTINA**
STREET ADDRESS **17453 NW 177 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **SILBAUGH, JOANNA**
STREET ADDRESS **17625 NW 175 AVE.**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TOM BUCHANAN**
STREET ADDRESS **17626 NW 175 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **D** ☐ Change ☒ Addition
NAME **TOM BUCHANAN**
STREET ADDRESS **17626 NW 175 AVE**
CITY-ST-ZIP **ALACHUA, FL 32615**

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:

[Signature] **3/12/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #