## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000006388

FILED Jaņ 0<u>9, 2</u>009 Secretary of State

Entity Name: MEADOWGLEN PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 1805 901 NW 8 AVENUE

ALACUHA, FL 32616 US US GAINESVILLE, FL 32601

**Current Mailing Address: New Mailing Address:** 

PO BOX 1805 PO BOX 1805

ALACUHA, FL 32616 US ALACHUA, FL 32616 US

FEI Number: 59-3417791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS (X) Change ( ) Addition () Delete SCHAFER, DAVID SCHAFER, DAVID Name: Name:

17303 NW 177 AVE. Address: 17303 NW 177 AVE. Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete Title: (X) Change ( ) Addition

MURPHY, GERARD Name: HAMILL, KEVIN Name: Address: 17876 NW 175 AVE Address: 17456 NW 177 AVENUE City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

Title: () Delete Title: (X) Change ( ) Addition

WARRINGTON, TERRI S WARRINGTON, TERRI S Name: Name: 17958 NW 175 AVENUE 17958 NW 175 AVENUE Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

Title: VD ( ) Delete Title: (X) Change ( ) Addition

Name: SHUPE, CHRISTINA Name: SHUPE, CHRISTINE 17453 NW 177 AVE Address: Address: 17453 NW 177 AVE City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

Title: () Delete Title: VD (X) Change ( ) Addition

BUCHANAN, TOM Name: Name: FLEDELL, NORMAN 17626 NW 175 AVE 17877 NW 177 AVENUE Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615

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: TERRI WARRINGTON SEC 01/09/2009