

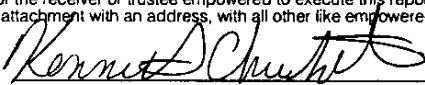


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 037 \*\*\*\*61.25

<b>DOCUMENT # N97000000208</b> 1. Entity Name <b>WEST MEADOWS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4131 GUN HWY TAMPA, FL 33618</b>			Mailing Address <b>4131 GUN HWY TAMPA, FL 33618 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>65-0738394</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FRISCIA, FRANK C/O MELROSE &amp; FRISCIA 500 N. WESTSHORE BLVD., STE 830 TAMPA, FL 33609</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, SCOTT 4131 GUNN HWY TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kenneth Christopher 4131 Gunn Hwy Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAUTZ, SHARON 4131 GUNN HWY TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Geogymon George 4131 Gunn Hwy Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARDINO, JOHN JR 8214 NATURE COVE WAY TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Jacobs 4131 Gunn Hwy Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, DAVID 4131 GUNN HWY TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzanne Levine 4131 Gunn Hwy Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARDINO, JOHN 4131 GUNN HWY TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, GERALDINE 4131 GUNN HWY TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE:</b> 				Date: <b>2/7/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>813-910-0334</b>	

lv 1-31-07 #4050