2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000001373

Entity Name: SEWALL'S MEADOW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

105 ABBIE COURT
SEWALL'S PT., FL 34996

New Principal Place of Business:

Current Mailing Address:

105 ABBIE COURT
SEWALL'S PT., FL 34996

New Mailing Address:

FEI Number: 65-0789653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURSON, ROBERT A P.A.
310 WEST FIRST STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAUM, MICHAEL J
Address: 105 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 34996

Title: VD ( ) Delete
Name: SCHOLL, GARY
Address: 106 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL 34996

Title: TD ( ) Delete
Name: PFEIFFER, MARSHA
Address: 104 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL 34996

Title: S ( ) Delete
Name: BAUM, PATRICIA M
Address: 105 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 34996

Title: D ( ) Delete
Name: WILLIAMS, CRAIG
Address: 110 HENRY SEWALL WAY
City-St-Zip: SEWALL'S PT., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SCHEPLENG, PAT
Address: 110 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 34996

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

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

Title: D (X) Change ( ) Addition
Name: MADER, DONALD
Address: 106 ABBIE COURT
City-St-Zip: SEWALL'S PT., FL 34996

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: MICHAEL J. BAUM PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date