

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005355

FILED
Apr 30, 2009
Secretary of State

Entity Name: MERIDIAN HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

2852 MERIDIAN POINT LANE
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

PO BOX 1441
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 59-3567055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENICH, ROBERT
2852 MERIDIAN POINT LANE
LAKELAND, FL 33812 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: WEBBER, ROBERT
Address: 2819 MERIDIAN POINTE LANE
City-St-Zip: LAKELAND, FL 33812

Title: S () Delete
Name: WEBBER, KELLY
Address: 2819 MERIDIAN POINTE LANE
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: BROCK, PATTI
Address: 2815 MERIDAN POINTE LANE
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: STOCKTON, CAROLYN
Address: 2811 MERIDAN POINTE LANE
City-St-Zip: LAKELAND, FL 33812

Title: T () Delete
Name: FENICH, ROBERT
Address: 2852 MERIDIAN POINTE LANE
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT FENICH

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date