

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002192

FILED  
May 24, 2009  
Secretary of State

**Entity Name:** MEADOWLAWN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 21184  
ST. PETERSBURG, FL 337421184

**New Principal Place of Business:**

2028 68TH AVE N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

P.O. BOX 21184  
ST. PETERSBURG, FL 337421184

**New Mailing Address:**

**FEI Number:** 59-3592022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DAYTON, MARK E  
6910 ONYX DR. N  
SAINT PETERSBURG, FL 33702      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: P      ( ) Delete  
Name: DAYTON, MARK E  
Address: 6910 ONYX DR. N.  
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: VP      ( ) Delete  
Name: BECKER, DON  
Address: 2028 68TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: T      ( ) Delete  
Name: DAYTON, DEBBIE  
Address: 6910 ONYX DR N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D      ( ) Delete  
Name: BECKER, DEBBIE  
Address: 2028 68TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: S      ( ) Delete  
Name: SINGLETON, DOLORES  
Address: 6619 10TH ST N.  
City-St-Zip: SAINT PETERSBURG, FL 33702

**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: MARK E DAYTON

P

05/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date