

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007496

FILED
Jul 04, 2007
Secretary of State

Entity Name: MEADOW WOODS RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1764
VALRICO, FL 335951764

New Principal Place of Business:

1516 ROLLING MEADOW DR
VALRICO, FL 33594

Current Mailing Address:

PO BOX 1764
VALRICO, FL 335951764

New Mailing Address:

FEI Number: 59-3705397 **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:

Name and Address of New Registered Agent:

JAMES, JUDITH L
325 SOUTH BOULEVARD
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PADGETT, BOB
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

Title: D () Delete
Name: PREUSS, PAUL
Address: PO 1764
City-St-Zip: VALRICO, FL 335951764

Title: D () Delete
Name: PURIFOY, STEVE
Address: PO BOX 1764
City-St-Zip: VALRICO, FL 335951764

Title: D () Delete
Name: FEARICK, PATRICK
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

Title: D (X) Delete
Name: WHALEN, SUSAN
Address: PO BOX 1764
City-St-Zip: VALRICO, FL 335951764

Title: D () Delete
Name: ELLICKSON, ELYSIA
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: REAGAN, JIM
Address: PO 1764
City-St-Zip: VALRICO, FL 335951764

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: STEVE PURIFOY

D

07/04/2007

Electronic Signature of Signing Officer or Director

Date