2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007496

FILED Jan 24, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1516 ROLLING MEADOW DR VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** PO BOX 1764 VALRICO, FL 335951764 FEI Number: 59-3705397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAMES, JUDITH L FARAGE, NANCY G 325 SOUTH BOULEVARD 707 N. FRANKLIN STREET TAMPA, FL 33606 4TH FLOOR TAMPA, FL 33602 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: NANCY G. FARAGE 01/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PADGETT, BOB Name: Name: POB 1764 Address: Address: City-St-Zip: VALRICO, FL 335951764 City-St-Zip: Title: Title: () Delete () Change () Addition Name: REAGAN, JIM Name: Address: PO 1764 Address: City-St-Zip: VALRICO, FL 335951764 City-St-Zip: Title: () Delete Title: () Change () Addition PURIFOY, STEVE Name: Name: Address: PO BOX 1764 Address: City-St-Zip: VALRICO, FL 335951764 City-St-Zip: Title: () Delete Title: () Change () Addition FEARICK, PATRICK Name: Name: Address: POB 1764 Address: City-St-Zip: VALRICO, FL 335951764 City-St-Zip: Title: () Delete Title: () Change () Addition ELLICKSON, ELYSIA Name: Name: Address: POB 1764 Address: VALRICO, FL 335951764 City-St-Zip: 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 01/24/2008