

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007496

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

1516 ROLLING MEADOW DR
VALRICO, FL 33594

New Principal Place of Business:

2205 MOUNTAIN MEADOW WAY
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 ()

Name and Address of Current Registered Agent:

FARAGE, NANCY G
707 N. FRANKLIN STREET
4TH FLOOR
TAMPA, FL 33602 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: D () Delete
Name: PADGETT, BOB
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PREUS, PAUL
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

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

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

Title: D (X) Change () Addition
Name: LAFOUNTAIN, GEORGE
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

Title: D (X) Change () Addition
Name: THOMPSON, ALVA
Address: POB 1764
City-St-Zip: VALRICO, FL 335951764

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: ALVA E. THOMPSON III

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date