

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000856

Entity Name: MEADOWOOD OAKS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4809 EHRLICH ROAD
SUITE 105
TAMPA, FL 33624**Current Mailing Address:**4809 EHRLICH ROAD
SUITE 105
TAMPA, FL 33624 US**FEI Number:** 54-2102571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERRA MANAGEMENT SERVICES, INC.
4809 EHRLICH ROAD
SUITE 105
TAMPA, FL 33624 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**Officer/Director Detail :**

Title	VP
Name	BLAYLOCK, CLAUDIA
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

Title	PRESIDENT
Name	HOWELL, KAREN
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	LACHS, SANDRA
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	HIPSHIRE, LOUISE
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

Title	MEMBER AT LARGE
Name	GROFF, EARL
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

Title	MEMBER AT LARGE
Name	GROFF, EARL
Address	4809 EHRLICH ROAD SUITE 105
City-State-Zip:	TAMPA FL 33624

I hereby 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 all other like empowered.

SIGNATURE: LOUISE HIPSHIRE**TREASURER****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date