

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **725510** (2)

1. Corporation Name

**SPRING MEADOW ASSOCIATION, INC.**



Principal Place of Business: 1000 SPRING MEADOW DR, KISSIMMEE FL 34741-3236  
Mailing Address: 1000 SPRING MEADOW DR, KISSIMMEE FL 34741-3236

3. Date Incorporated or Qualified: 02/08/1973  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 59-1952153  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

SELLER, FRANCES F.  
1116 SPRING MEADOW DR.  
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNWORTH, LINDA PARLOW	1.2 NAME	
STREET ADDRESS	1012 SPRING MEADOW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, CONRAD	2.2 NAME	
STREET ADDRESS	1010 SPRING MEADOW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIESEMER, THOMAS M.	3.2 NAME	Mieseimer, Veronica L.
STREET ADDRESS	1024 SPRING MEADOW DR.	3.3 STREET ADDRESS	1117 Spring Meadow Dr.
CITY-ST-ZIP	KISSIMMEE, FL 00000	3.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SHIRLEY	4.2 NAME	
STREET ADDRESS	1015 SPRING MEADOW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, FRANCES F.	5.2 NAME	
STREET ADDRESS	1116 SPRING MEADOW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances F. Sellers FRANCES F. SELLERS, TREAS. 2-13-96 407-847-4163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)