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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34741-3233



3. Date Incorporated or Qualified
02/08/1973

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-1952153

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BURNWORTH, LINDA PARSLOW
STREET ADDRESS 1012 SPRING MEADOW DR
CITY-ST-ZIP KISSIMMEE, FL 00000

TITLE D ☒ DELETE
NAME ADLER, CONRAD
STREET ADDRESS 1010 SPRING MEADOW DR.
CITY-ST-ZIP KISSIMMEE, FL 00000

TITLE VD ☐ DELETE
NAME MIESEMER, VERONICA L.
STREET ADDRESS 1117 SPRING MEADOW DRIVE
CITY-ST-ZIP KISSIMMEE, FL 00000

TITLE SD ☐ DELETE
NAME MILLER, SHIRLEY
STREET ADDRESS 1015 SPRING MEADOW DR
CITY-ST-ZIP KISSIMMEE FL

TITLE TD ☐ DELETE
NAME SELLERS, FRANCES F.
STREET ADDRESS 1116 SPRING MEADOW DR
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Himmel, Leo J, Jr
2.3 STREET ADDRESS 1133 Spring Meadow Dr
2.4 CITY-ST-ZIP Kissimmee, FL 34741

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Roach, Maurie
6.3 STREET ADDRESS 1032 Spring Meadow Dr
6.4 CITY-ST-ZIP Kissimmee, FL 34741

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 4-10-97. 407-847-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000025

CR2E037 (9/96)