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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725510

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/08/1973
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1952153
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

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

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COSTIGAN, ANN M.	
STREET ADDRESS	10185 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIMMERL JR, LEO J	
STREET ADDRESS	1133 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARDEN, ROBERTA S.	
STREET ADDRESS	27 LIND AVE	
CITY-ST-ZIP	KISSIMMEE, FL 00000 34744	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, SHIRLEY	
STREET ADDRESS	1015 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SELLERS, FRANCES F.	
STREET ADDRESS	1116 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKINSON, TRACY WEBB	
STREET ADDRESS	1011 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Caswell, Wobig Karen
1.3 STREET ADDRESS	1104 Spring Meadow DR.
1.4 CITY-ST-ZIP	Kissimmee, FL 34741
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD Mieseher, Thomas M.
6.3 STREET ADDRESS	1024 Spring Meadow DR
6.4 CITY-ST-ZIP	Kissimmee, FL 34741

14. I 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, with all other like empowered.

SIGNATURE: *Tracy Webb* SIGNATURE REQUIRED *Sellers* 3-15-99 407-846-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)

246456-90032-33

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Spring Meadow Association, Inc.
1000 Spring Meadow Drive
Kissimmee, FL 34741-3236

ADDITIONAL DIRECTORS

#13

1 7.1 Title D 1 1 1X1
1 7.2 Name Joseph Johnson addition
1 7.3 Address 1108 Spring Meadow Dr.
1 7.4 City-Kissimmee, State-Florida, Zip 34741.